



The Division of Senior and Disability Services (DSDS) shall be the initial point of contact on referrals for Home and Community Based Services (HCBS). DSDS operates a customer service Contact Center for participants to initiate HCBS referrals.

HCBS Providers and professional community partners should initiate HCBS referrals utilizing the [Online HCBS Referral Form](#). In instances where referrals cannot be submitted online, referrals can be submitted by completing the [Home and Community Based Services Referral Form](#).

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

- Determining if the potential participant is eligible to receive HCBS;
Note: Special intake requirements exist for [Show-Me Home](#).
- Obtaining the potential participant's Departmental Client Number (DCN) and either the date of birth or last name in order to access information in the participant's electronic case record; and
- Accessing the Participant Case Summary Screen in the participant's electronic case record to verify if the potential participant has the appropriate type of Medicaid and age eligibility.

Special Circumstances: Individuals enrolled in certain Managed Care Health Plans **are not** eligible to receive HCBS, or certain HCBS, authorized by DSDS. Upon receipt of a referral 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. The 'Eligibility' tab within the participant's electronic case record provides contact information for the Managed Care Health Plan.

The participant's electronic case record will not allow further action on individuals who are not Medicaid or age eligible on the date of the request.

Note: New HCBS referrals can be taken for active spenddown MO HealthNet recipients who do not have Medicaid benefits in effect but appear to meet the [HCB Medicaid](#) threshold and are potentially eligible for an Aged and Disabled Waiver (ADW) service.

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

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 is 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 (program)
- Safety concerns
- Referrer's information (name, relation, contacting information)
- Please note that 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.docx](#) either electronically or by mail.

Incomplete referrals will not be accepted and will be marked as “inappropriate/ineligible”.

- The Participant Case Summary Screen 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 “Directions to Residence” box. Information on the Participant Case Summary Screen 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 is entered on the Participant Case Summary Screen when applicable.
- ‘Add Case’ shall be selected 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.