



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
HOME AND COMMUNITY BASED SERVICES REFERRAL

PARTICIPANT NAME	DCN	PARTICIPANT TELEPHONE NUMBER
SPOUSE NAME	SPOUSE DCN	ALTERNATE TELEPHONE NUMBER
PARTICIPANT ADDRESS		PARTICIPANT COUNTY

FOR FSD USE ONLY

FSD OFFICE Poplar Bluff HCB Processing Center	TELEPHONE NUMBER (877)304-7939	DATE
ADDRESS P.O. Box 8, Poplar Bluff, MO 63901	EMAIL ADDRESS FSD.HCBinformation@dss.mo.gov	

COMMENTS

PARTICIPANT REFERRED TO DHSS DUE TO FSD NEED OF ELIGIBILITY DETERMINATION FOR

HCB Medicaid Division of Assets Miller Trust

FOR DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)

DHSS STAFF NAME	TELEPHONE NUMBER	DATE
ADDRESS	EMAIL ADDRESS	

CLAIMANT REFERRED TO FSD FOR ELIGIBILITY DETERMINATION OF

HCB Medicaid Division of Assets Miller Trust

CLAIMANT FOUND ELIGIBLE BY DHSS FOR <input type="checkbox"/> Nursing Facility Level of Care	EFFECTIVE DATE
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COMMENTS

FOR FSD USE ONLY

FSD RESPONSE		
Approved Division of Assets	HCB Ineligible, MHSD, SLMB, still active or approved	Miller Trust Approved
Approved HCB		Rejected for MO HealthNet

COMMENTS	DATE APPROVED
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Home and Community Based Services Referral Form (IM-54A) Instructions

PURPOSE: The Home and Community Based Referral (IM-54A) provides a standard form for interagency communication between the Department of Social Services, Family Support Division (FSD) and the Department of Health and Senior Services or their Designee regarding the Home and Community Based Medicaid program. For information on the HCB Medicaid program requirements see FSD Policy Manual, 3.14 Home and Community Based Services (HCB) Waiver.

NUMBER OF COPIES AND DISPOSITION: The original IM-54A is kept in the file of the originating agency and a copy goes to the receiving agency. The form is returned to the originating agency after a decision has been made, and the receiving agency will retain a copy.

INSTRUCTIONS FOR COMPLETION:

Participant Information:

Enter the participant's name, Departmental Client Number (DCN), telephone number, spouse's name, spouse's DCN, alternate phone number, county of residence, and mailing address.

For FSD Use Only:

- FSD staff can enter their contact information into the "Comments" section along with any additional information that would be beneficial to DHSS when processing this referral.
- FSD will check the "HCB Medicaid" box when referring a brand new Home and Community Based Services participant to DHSS/Designee for determination of HCB Medicaid.
- FSD will check the "Division of Assets" box when a married participant applies or intends to apply for Home and Community Based Services.
- FSD will check the "Miller Trust" box when a new participant intends to create a Qualified Income Trust or Miller Trust.

When the IM54A is completed by FSD

- For NEW referrals - participants not receiving Home and Community Based Services, email the referral to HCBS Intake: hcbscallcenter@health.mo.gov
- Division of Senior and Disability Services HCBS contact information may be found at: <https://health.mo.gov/seniors/hcbs/pdf/hcbs-regional-map.pdf>

For DHSS/Designee:

- The DHSS/Designee will enter his/her name, telephone number, the date received, the office address, and email address of the DHSS/Designee.
- Claimant referred to FSD for: Check the appropriate box (HCB Medicaid, Division of Assets, or Miller Trust) to inform FSD of the purpose of the referral.
- Claimant found by DHSS/designee to require: If the participant is eligible for HCBS, check the appropriate box and provide the effective date.
- Claimant found ineligible by DHSS for: Check the appropriate box if the participant is found to be ineligible for any HCBS authorized by DHSS.
- Provide any additional information in the "Comments" section that would be beneficial to FSD when processing this referral

FSD Response:

- Check the appropriate box after the approval/denial is returned from DHSS to display participant's eligibility; denied/approved for benefits.