



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 | Phone: 573-751-6400 | FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711




Paula F. Nickelson
Director

Michael L. Parson
Governor

HCBS 05-24-03

May 28, 2024

MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

FROM: Verena Cox, Bureau Chief 
Bureau of Long-Term Services and Supports

SUBJECT: Chapter 4 Introduction, Structured Family Caregiving Waiver (SFCW) Diagnosis Verification Form and Instructions Updates

➤ 4.00	Home and Community Based Services Processes Introduction	Updated to reflect the addition of 4.00 Appendix 16 form and instructions.
➤ 4.00 Appendix 16	SFCW Diagnosis Verification Form	Added Yes/No question to gain clear understanding from the health professional whether the requesting participant has a diagnosis of either Alzheimer’s or a dementia related disorder.
➤ 4.00 Appendix 16	SFCW Diagnosis Verification Instructions	Addition of SFCW Diagnosis Verification Instructions.

This revised policy has been posted in the [HCBS Policy Manual](#).

Questions should be directed to the Bureau of Long-Term Services and Supports (BLTSS) via email at LTSS@health.mo.gov.

Unless otherwise noted, the policy revision is effective upon receipt.

VC/

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.