

## **Missouri Department of Health and Senior Services**

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HCBS 05-28-03

May 28, 2024

## MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

Verena Cox, Bureau Chief FROM: 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** Updated to reflect the addition of 4.00 **Based Services Processes** Appendix 16 form and instructions. Introduction **>** 4.00 SFCW Diagnosis Verification Added Yes/No question to gain clear understanding from the health professional Form Appendix 16 whether the requesting participant has a diagnosis of either Alzheimer's or a dementia related disorder. **>** 4.00 SFCW Diagnosis Verification Addition of SFCW Diagnosis Verification Instructions Instructions. Appendix 16

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