



Missouri Department of Health and Senior Services

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HCBS 06-25-01

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MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

FROM: Veronica Jameson, Bureau Chief 
Bureau of Policy and Quality Enhancements

SUBJECT: HCBS Assessment Attestation Form and Participant Choice Statement Form

The Participant Choice Statement (PCS) form has been updated. The new form has:

- Combined and simplified language to better serve the participant
- Incorporated language from the HCBS Assessment Attestation Form
- Removed the need for more than one version

This updated form will be used for all service types, including Residential Care Facilities and Assisted Living Facilities (RCF/ALF). The form continues to capture the documentation required for state and federal requirements. The HCBS Assessment Attestation form will no longer be utilized and has been removed from Fusion and the HCBS policy manual.

Policies that have been revised as a result of the updated Participant Choice Statement and removal of the Attestation form are outlined below.

➤ INDEX	INDEX	<ul style="list-style-type: none">• Removed Policy 1.10• Removed 1.25 Appendix 1• Removed 4.00 Appendix 2b• Changed 4.00 Appendix 2a to Appendix 2
➤ 4.00	HCBS Service Processes Introduction	<ul style="list-style-type: none">• Removed the reference of HCBS Assessment Attestation.• Removed 4.00 Appendix 2a• Introduction only reflects 4.00 Appendix 2

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.

➤ 4.00 Appendix 2	Participant Choice Statement Form and Instructions	<ul style="list-style-type: none"> • Changed appendix number from Appendix 2a to Appendix 2 • Combined sections and simplified for efficiency and clarity • Incorporated HCBS Assessment Attestation language • Updated instructions to align with new form
➤ 4.00 Appendix 2b	Participant Choice Statement Form and Instructions (RCF/ALF)	<ul style="list-style-type: none"> • Version no longer utilized and has been removed
➤ 4.00 Appendix 12	Communication: Reason for Contact	<ul style="list-style-type: none"> • Removed the reference of HCBS Assessment Attestation
➤ 4.00 Appendix 14	HCBS Assessment Attestation	<ul style="list-style-type: none"> • Form no longer utilized and has been removed
➤ 4.15	Assessment Process	<ul style="list-style-type: none"> • Removed the reference of HCBS Assessment Attestation
➤ 4.25	Provider Reassessment Process	<ul style="list-style-type: none"> • Forms section updated to reflect only one Participant Choice Statement type and removal of the HCBS Assessment Attestation
➤ 4.30	Case Notes Documentation	<ul style="list-style-type: none"> • Addition to Person Centered Care Planning section to include documentation on risks or needs previously documented on the Participant Choice Statement.
➤ 6.00	Appeal and Hearing Process	<ul style="list-style-type: none"> • Removed reference to the HCBS Assessment Attestation

The revised policies have been posted in the [HCBS Policy Manual](#).

Questions should be directed to the Bureau of Policy and Quality Enhancements via email at LTSS@health.mo.gov.

Unless otherwise noted, the policy revisions are effective upon receipt.