



**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 1-800-735-2966 VOICE 1-800-735-2466

**Paula F. Nickelson**  
Acting Director



**Michael L. Parson**  
Governor

HCBS 07-22-03

July 28, 2022

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

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

SUBJECT: RCF/ALF Participant Choice Statement Form and HCBS Assessment Attestation Form Updates

➤ <a href="#">4.00 Appendix 2b</a>	Participant Choice Statement Form (RCF/ALF)	The Participant Choice Statement has been updated to include the HCBS Intake and PCCP Referral phone number to call when requesting care plan changes and/or issues with services.
➤ <a href="#">4.00 Appendix 14</a>	HCBS Assessment Attestation	The HCBS Assessment Attestation was converted to a fillable document. A new DHSS form number (HCBS-2) has been added. As a reminder, form numbers may be used in place of form names in case note documentation.

This revised policy has been posted in the HCBS Policy Manual located on the DHSS Internet at the following link: <http://health.mo.gov/seniors/hcbs/hcbsmanual/index.php>.

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

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

VC/ms/rr

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