



Communicating with HCBS Intake & PCCP Management Team

Quick Guide

The Bureau of HCBS Intake & PCCP has centralized email accounts dedicated to ensuring that your questions and requests get to the right people, right away. This quick guide can help you contact statewide teams for support in any situation.



Please reserve the call center phone lines for participants and others who have no other means to initiate referrals or requests. The online referral and request form is the preferred method to submit new referrals and care plan change needs, as this method allows for increased efficiency with processing.

HCBS Referrals: HCBSCallCenterReferrals@health.mo.gov

- This account can help you submit new referrals in instances when referrals cannot be submitted utilizing the [Online HCBS Referral Form](#). Emailed referrals must be submitted on a [Home and Community Based Services Referral Form \(HCBS-1\)](#) following all instructions on the form.

PCCP Requests: PCCP@health.mo.gov

- This account can help you submit care plan change requests in instances when requests cannot be submitted utilizing the [Online PCCP Request Form](#). Emailed requests must be submitted on a [Person Centered Care Plan \(PCCP\) Request Form](#) following all instructions on the form.

Provider Reassessments Review: ProviderReassessmentReview@health.mo.gov

- This account can help you communicate with the Provider Reassessment Review Team. Please use this account to notify, coordinate, and communicate questions related to Provider Reassessments.

Bureau of HCBS Intake & PCCP Management: HCBSIntakeAndPCCP@health.mo.gov

- This account can help you communicate with the Bureau of HCBS Intake & PCCP Management Team. Please use this account to communicate circumstances that require a supervisors' review, attention, or assistance to resolve. Please note that this account is only for assistance related to Intake, PCCP, or Provider Reassessment Review actions.

- For any supervisory assistance related to initial assessments or reassessments, please contact the appropriate Regional account:
 - Region 1: hcbsreg1@health.mo.gov
 - Region 2: hcbsreg2@health.mo.gov
 - Region 3: hcbsreg3@health.mo.gov
 - Region 4: hcbsreg4@health.mo.gov

General Reminders:

- Please reference Cyber Access Web Tool prior to submitting any new referrals/requests to verify eligibility and check on the status of pending referrals.
- It is imperative that only one route (online submission or email) is used per referral/request. Submitting duplicate or multiple referrals/requests for the same participant will result in a processing delay for all parties involved.
- When submitting multiple referrals/requests in one email, each referral/requests needs to be uploaded or scanned into separate attachments. Multiple referrals/requests scanned into one running document cannot be processed.
- All electronic communication should be sent to the Department via “encrypted email” in compliance with HIPAA privacy regulations. 45 CFR Section 164.312(a)(2)(iv) and (e)(2)(ii), specifically addresses the encryption requirements and standards under the HIPAA regulations. Encryption Instructions can be found [here](#).
- Each email account is reserved for its stated purpose only. Submitting questions to the incorrect referral or request accounts will result in a processing delay for all parties involved.
- There has been a significant increase in referrals/requests, which may result in a processing delay. DSDS will contact all necessary parties to continue the referral/request process. Thank you for your patience as we work diligently to process all incoming referrals and requests as soon as possible.