

# Preparing for an Assessment

**We have received a new referral and understand you are interested in Home and Community Based Services (HCBS)**

**Here is what to expect now:**

## **Prepare to Communicate with a HCBS Assessor**



A HCBS Assessor will call to schedule a face-to-face assessment with you. The purpose of the HCBS program is to provide support for you to stay at home or where you choose to live. In order for Medicaid to pay for HCBS, your care needs have to be equal to nursing home care. Our assessment will determine if your care needs meet the requirement for Medicaid to pay for services in your home.



We will attempt to call you one time. Please ensure your phone can receive messages and return your HCBS Assessor's call. If you do not answer, a message will be left or a letter will be sent and you will have **10 days** to return the call. If you do not respond within the 10 days, the referral for services will be closed



We must verify we are speaking with you. Please be prepared to verify your MO HealthNet (Medicaid) number, date of birth, and social security number when we call.

# Prepare to Answer the Assessment

The HCBS Assessor will use a set of questions to determine if you are eligible for HCBS. Below are just a few questions you should be prepared to answer:

<p><b>What Specific help and support do you need?</b></p> <ul style="list-style-type: none"><li>• How often do you need help?</li><li>• How much time does each task take to complete?</li><li>• Who would select, hire, train, and supervise your caregiver; you or the provider agency?</li></ul>	<p><b>Who are your medical and healthcare providers?</b></p> <p>Contact information available for key medical or mental health professionals such as:</p> <ul style="list-style-type: none"><li>• primary care physician,</li><li>• social worker,</li><li>• therapist,</li><li>• hospice,</li><li>• home health, etc</li></ul>
<p><b>Do you have a guardian or durable power of attorney?</b></p> <p>Have a copy of guardianship or power of attorney paperwork (if applicable).</p>	<p><b>How many medications do you take?</b></p> <p>The <b>number</b> of prescription and over-the-counter medications prescribed to you by your healthcare professional.</p>
<p><b>What provider would you like to use?</b></p> <p>Provide the full business name and phone number available if you have already selected a provider.</p>	<p><b>Who will provide back-up support to you when caregiver is unavailable?</b></p> <p>You must provide a back-up plan that includes: name(s), relation(s), phone number(s), and the task(s) the back-up person(s) can support you with.</p>

## About Home and Community Based Services (HCBS)

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### Reminder 1

Certain services have limits on cost, age, ability to self-direct, and other items. We will work with you to determine what services you qualify for and build your care plan around what Medicaid and the HCBS program allows.

### Reminder 2

HCBS are based on your current needs. HCBS cannot provide help with things you do not need today.

### Reminder 3

HCBS is not a total care or 24/7 care program. HCBS can provide extra help to add to the support system you currently have.

### Reminder 4

You may have anyone of your choosing present during the assessment.

**Ensuring the safety of our participants and team members is top priority for us. Please secure all pets, weapons, or potential hazards before the HCBS Assessor enters your home or setting.**

**We look forward to meeting you soon!**