



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
HOME AND COMMUNITY BASED SERVICES REFERRAL

PARTICIPANT NAME		DCN	PARTICIPANT TELEPHONE NUMBER
SPOUSE NAME		SPOUSE DCN	ALTERNATE TELEPHONE NUMBER
PARTICIPANT ADDRESS			PARTICIPANT COUNTY
FOR FSD USE ONLY			
FSD OFFICE Poplar Bluff HCB Processing Center		TELEPHONE NUMBER (573) 840-9200	DATE
ADDRESS 1903 Northwood Dr, Ste 1, Poplar Bluff, MO 63901		EMAIL ADDRESS Butler.codfs@dss.mo.gov	
COMMENTS			
PARTICIPANT REFERRED TO DSDS/DESIGNEE FOR			
<input type="checkbox"/> Level of Care Determination <input type="checkbox"/> Authorization for Aged and Disabled Waiver services (HCB) <input type="checkbox"/> Potential HCB Eligibility/Paper Referral Process			
FOR DIVISION OF SENIOR AND DISABILITY SERVICES (DSDS)/ DESIGNEE			
DSDS/DESIGNEE NAME		TELEPHONE NUMBER	DATE
ADDRESS		EMAIL ADDRESS	
CLAIMANT REFERRED TO FSD FOR			
<input type="checkbox"/> Assessment of Assets <input type="checkbox"/> Application for MO HealthNet			
CLAIMANT FOUND BY DSDS/DESIGNEE TO REQUIRE			EFFECTIVE DATE
<input type="checkbox"/> Participant determined eligible for Aged and Disabled Waiver services			
CLAIMANT DOES NOT REQUIRE			DATE OF DETERMINATION
<input type="checkbox"/> NF Level of Care or Aged and Disabled Waiver services			
COMMENTS			
FOR FSD USE ONLY			
FSD RESPONSE			
<input type="checkbox"/> Approved HCB <input type="checkbox"/> Rejected for MO HealthNet <input type="checkbox"/> HCB Ineligible, MHNSD, SLMB, still active or approved Date: _____			

Home and Community Based Services Referral Form (IM-54A) Instructions

PURPOSE: The Home and Community Based Referral (IM-54A) provides a standard form for interagency communication between the Department of Social Services, Family Support Division (FSD) and the Department of Health and Senior Services, Division of Senior and Disability Services (DSDS) and their Designee regarding the Home and Community Based Medicaid program. For information on the HCB Medicaid program requirements see [0820.000.00 ELIGIBILITY BASED ON RECEIPT OF HCB WAIVER SERVICES](#)

NUMBER OF COPIES AND DISPOSITION: The original IM-54A is kept in the file of the originating agency and a copy goes to the receiving agency. The form is returned to the originating agency after a decision has been made, and the receiving agency will retain a copy.

INSTRUCTIONS FOR COMPLETION:

Participant Information:

Enter the participant's name, Departmental Client Number (DCN), telephone number, spouse's name, spouse's DCN, alternate phone number, county of residence, and mailing address.

For FSD Use Only:

- The FSD Eligibility Specialist (ES) will enter his/her name, telephone number, the date received, office address, ES email address, case carrying county, and ES load number.
- Provide any additional information in the "Comments" section that would be beneficial to DSDS when processing this referral.
- The FSD Eligibility Specialist will check the "Level of Care Determination" box when referring a brand new Home and Community Based Services participant to DSDS/Designee for a level of care determination. The FSD ES will check the "Authorization for Aged and Disabled Waiver services (HCB)" box when referring a participant currently receiving Home and Community Based Services for continued HCB eligibility. The FSD ES will check the "Potential HCB Eligibility/Paper Referral Process" box when application cannot be approved for other assistance while pending for HCB determination.
 - NOTE: Checking the LPAI screen in production will assist the ES in ascertaining if the participant has services currently. Service history will appear on the screen with current end dates OR the bottom of the screen will display a message stating that "Client active in HCBS Web Tool".

When the IM54A is completed by FSD

- For NEW referrals - participants not receiving Home and Community Based Services, fax or email the referral to the HCBS Call Center: (573) 526-2915, hcbcallcenter@health.mo.gov
- For redetermination referrals - participants currently receiving Home and Community Based Services, fax or email referral to the Regional Evaluation Team at:
 - Region 1: (417)895-1341, REV1@health.mo.gov
 - Region 2: (573)290-5650, REV2@health.mo.gov
 - Region 3: (314)340-3467, REV3@health.mo.gov
 - Region 4: (816)889-2004, REV4@health.mo.gov
 - Region 5: (573)884-4884, REV5@health.mo.gov

Division of Senior and Disability Services HCBS Regional Evaluation Teams map may be found at:
<http://health.mo.gov/seniors/homecomservices/pdf/BHCS-EvalTeam.pdf>

For DSDS/Designee:

- The DSDS/Designee will enter his/her name, telephone number, the date received, the office address, and email address of the DSDS/Designee.
- Claimant referred to FSD for: Check the appropriate box (Assessment of Assets and/or Application for MO HealthNet) to inform FSD of the purpose of the referral.
- Claimant found by DSDS/designee to require: If the participant is eligible for Aged and Disabled Waiver (ADW) services, check the appropriate box and provide the effective date.
- Claimant does not require: If the participant does not require NF Level of Care or Aged and Disabled Waiver (ADW) services, DSDS/Designee will place a check in this box and provide the date of determination. (A check mark in this box indicates that the participant is not eligible for MO HealthNet using HCB criteria.)
- Provide any additional information in the "Comments" section that would be beneficial to FSD when processing this referral.

FSD Response:

- Check the appropriate box after the approval/denial is returned from DSDS to display participant's eligibility; denied/approved for HCB, denied Medicaid or denied HCB however, eligible for SLMB and Medical Assistance.