

Home and Community Based Services (HCBS) Referral for Review of Setting Form

Settings presumed to have the qualities of an institution can be identified by, but not limited to individual and/or family members, provider self-assessments, support monitoring, provider reviews, licensure and certification, quality enhancement, and any other state staff. Once a setting is identified, the Referral for Review of Setting form (Form) must be completed by the identifying party and submitted to MO HealthNet by e-mail at Ask.MHD@dss.mo.gov or by mail at MO HealthNet Division, Program Operations, 615 Howerton Court, Jefferson City, MO 65109. If the individual and/or family members do not wish to complete the Form, they may contact MO HealthNet Division at 573-751-6944 for assistance, or, for DMH Waivers, contact their support coordinator.

Consider making a referral when you feel the setting can be described as:

- The setting is located in a publicly or privately owned facility that provides inpatient treatment.
- The setting is on the grounds of, or immediately adjacent to, a public institution.
- Any other settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Completed by the Referring Person:

Date Received:	
Waiver Program Name:	
Provider Name:	
Service Address Confirmation:	
DMH Agency Provider # (if applicable):	
MHD Provider #:	
Comments/Reason for Referral	
Referring Person Name:	
Referring Person Phone Number:	
Referring Person Email:	
Referring Person Address:	