

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 Services program. For information on the HCB program requirements see Income Maintenance Manual section [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 keep 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 FSD office, and ES load number.
- Provide any additional information in the "Comments" section that would be beneficial to the DSDS when processing this referral.
- The FSD ES will check the "Level of Care Determination" box when referring a brand new Home and Community Based Services participant to the 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 HCB eligibility.
 - NOTE: Checking the LPAI screen in production may 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 IM54A is completed by the FSD ES it should be sent as follows:

- For NEW referrals on participants not receiving Home and Community Based Services fax or email the referral to:
 - HCBS Call Center: (314)877-2292, hcbSCALLCENTER@health.mo.gov
- For referrals on 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

For DSDS/Designee:

- The DSDS/Designee will enter his/her name, telephone number, and 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 state participant's eligibility; approved for HCB, rejected for MO HealthNet (MHN) including HCB; or ineligible HCB, but eligible for SLMB, QMB, or other MHN.