

## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired: 1-800-735-2466 VOICE: 1-866-735-2460



Eric R. Greitens Governor

Venice Wood

Randall W. Williams, MD, FACOG

PM-18-06 VM-18-06

February 5, 2018

## MEMORANDUM FOR ALL HOME AND COMMUNITY BASED CARE PROVIDERS

FROM: Venice Wood, Chief

Long Term Services and Supports

Division of Senior and Disability Services

SUBJECT: Participant Choice Statement

This memorandum is to advise providers that the Home and Community Based Services (HCBS) Participant Choice Statement and Participant Rights and Responsibilities have been revised to enhance a participant's understanding of the Home and Community Based Services (HCBS) program. There are now two (2) Participant Choice Statements available; one for participants who receive Agency Model Services, Consumer Directed Services (CDS) and Adult Day Care (ADC) services and one for participants who receive Personal Care in a Residential Care Facility (RCF) or Assisted Living Facility (ALF). The Participant Rights and Responsibilities which accompany the Participant Choice Statement is now separated into four (4) unique forms which align with the service(s) type the participant has been authorized (ADC, Agency Model, CDS, RCF/ALF).

The new Participant Choice Statement and the appropriate Participant Rights and Responsibilities shall be used immediately for provider reassessments and are available on the DHSS website at http://health.mo.gov/seniors/hcbs/hcbsmanual/pdf/4.00.pdf.

Any questions regarding this memorandum should be directed to the Bureau of Long Term Services and Supports via e-mail at <u>LTSS@health.mo.gov</u> or by phone at (573)526-8557.

VW/ke

CC: Distribution Lists 3 & 4

www.health.mo.gov