

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF SENIOR AND DISABILITY SERVICES

HEALTHCARE PROFESSIONAL INQUIRY

-0555r				
TO:				
PARTICIPANT NAME:		DCN:		DATE OF BIRTH:
The above named participant has been identified as one of your patients. The participant has requested Consumer-Directed Services authorized by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS). Consumer-Directed Services is one of several Home and Community Based Services funded through Medicaid that provides seniors and adults with disabilities services in their home as an alternative to nursing facility placement.				
To receive Consumer-Directed Services, a participant must have the ability to self-direct. Self-direction is defined as the ability to: hire, train, and supervise their personal care attendant. Responsibilities also include understanding their Consumer-Directed Services care plan, scheduling the attendant, completing timesheets and/ or Electronic Visit Verification (EVV), and ensuring time submitted does not exceed the amount authorized through Medicaid.				
DSDS within DHSS is a HIPAA covered entity with appropriate processes in place to guard patient confidentiality.				
Please use the box below to indicate your professional opinion regarding the participant's ability to self-direct.				
Please complete form within ten (10) business days of the date faxed (see below).				
Once complete, please mail or fax this form to the Assessor listed below.				
Is it your professional opinion this participant has the ability to complete the tasks described above and self-direct in the Consumer-Directed Services program?				
☐ YES ☐ NO (if no, please briefly explain below and use additional sheets as needed)				
NAME AND TITLE (PLEASE PRINT)				DATE
SIGNATURE				
Assessor Comments:				
ASSESSOR SIGNATURE	ASSESSOR NAME	(PRINTED)	TELEPHONE	DATE FAXED
Address			<u> </u>	Fax Number