



The [Notice of Closure \(HCBS-12m\)](#) for Home and Community Based Services (HCBS) provides current participants and/or their authorized representative (i.e., guardian, or someone with a signed Authorization for Disclosure of Consumer Medical/Health Information that is in effect) with written notification of the closing of currently authorized services. This notice shall only be used for HCBS closed by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) due to the participant's loss of Medicaid benefits covering the authorization of HCBS or when participants are enrolled in a Managed Care Health Plan.

DSDS shall mail this notice no later than the date the action is taken.

If the participant wants to request an appeal, they must do so by contacting the Department of Social Services (DSS), Family Support Division (FSD).

### INSTRUCTIONS

Enter the participant's name, DCN, address, and phone number, including an extension number as appropriate.

Select the appropriate checkbox.

- Staff shall utilize the first checkbox when DSDS must close HCBS based upon FSD's determination that the participant is not eligible for Medicaid benefits or the participant's [Medicaid Eligibility \(ME\) code](#) does not include DSDS HCBS benefits.
- Staff shall utilize the second checkbox when the participant has been enrolled in Managed Care and choose the appropriate drop-down selections based on the participant's Managed Care Organization.

Enter the date the change will take place. (This is the date of mailing.)

DSDS staff completing the form shall:

- Sign and print their name,
- Enter their mailing address,
- Enter the date the notice is mailed, and
- Enter their office phone number, including an extension number as appropriate.

### DISTRIBUTION

Upon completion, the original HCBS-12m shall be mailed to the participant and/or their authorized representative. A copy is maintained in the participant's electronic case record.