

**SHOW-ME HOME  
FUNDS NOTIFICATION**

MFP CONTRACTOR NAME		DATE
MFP CONTRACTOR ADDRESS		
<b>PARTICIPANT INFORMATION</b>		
PARTICIPANT NAME		PARTICIPANT DCN
<p>Your request for funds related to the Show-Me Home (SMH) Demonstration on behalf of the participant named above has been received and reviewed.</p> <p><input type="checkbox"/> The request has been approved for the total amount of \$</p> <p style="padding-left: 40px;">You may now submit bills for reimbursement up to the approved amount, using procedure code T2038, with modifier CG. This code may only be used for SMH Demonstration funds. Any other services must be billed using the appropriate codes for that service.</p> <p><input type="checkbox"/> The request for funds has been denied for the following reasons:</p>		
DSDS STAFF SIGNATURE	DSDS STAFF NAME (PRINTED)	PHONE NUMBER
DSDS OFFICE ADDRESS, CITY, STATE, ZIP CODE		