



The Reversal of Adverse Action Notice for Home and Community Based Services ([HCBS-12b](#)) shall be utilized to notify current or potential participants and/or authorized representatives (e.g., guardian, or someone with a signed Authorization for Disclosure of Consumer Medical/Health Information that is in effect) that the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) has reversed its previous decision regarding an adverse action. The Department of Social Services (DSS), Division of Legal Services (DLS) and the DSDS HCBS Hearings Representative shall also be notified of the reversal, when necessary.

### INSTRUCTIONS

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

- For those current or potential participants with a guardian, enter the guardian's address and phone number, including an extension number as appropriate.

Enter the date the notice is being mailed.

Check the appropriate box or boxes regarding the original adverse action.

DLS Section: Check this box when reversing an adverse action that has been submitted to DLS and enter the address of the appropriate DLS Regional office ([Chapter 6.00 Appendix 1](#)).

DSDS staff completing the [HCBS-12b](#) shall sign their name and include their office phone number, including an extension number as appropriate, and mailing address.

### DISTRIBUTION

Upon completion, the original [HCBS-12b](#) shall be mailed to the current or potential participant and/or authorized representative. A copy is maintained in the participant's case record in the HCBS Web Tool.

If a hearing request has already been forwarded to DLS, a copy of the [HCBS-12b](#) shall be mailed to the appropriate DLS Regional Office and DSDS HCBS Hearings Representative.