



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES
PHYSICIAN NOTIFICATION OF CARE PLAN

TO:		
RE:	DCN:	DATE:
<p>The attached person centered care plan, regarding the initial authorization of Home and Community Based Services (HCBS) for your patient, was developed in cooperation with the patient, the HCBS provider, and the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS). HCBS are authorized to enable your patient to remain in the least restrictive care setting and to assist with essential needs, primarily activities of daily living. The person centered care plan shall be reviewed at least annually. HCBS providers continually monitor the appropriateness of the person centered care plan.</p>		
Questions regarding the person centered care plan should be directed to the Assessor listed below.		
ASSESSOR SIGNATURE	ASSESSOR NAME (PRINTED)	TELEPHONE
ADDRESS	FAX NUMBER	
<p>PLEASE NOTE:</p> <p>Unless you have comments, it is not necessary to return this person centered care plan. If you disagree with or have comments regarding the person centered care plan developed for your patient, recommendations may be included in the section below. Please include the medical information necessary to support your concerns.</p> <p>The status of the HCBS request and any subsequent changes to the person centered care plan can be monitored electronically in the web-based DHSS, DSDS program, Fusion. To request access to Fusion, please complete the HCBS Fusion Access Request Form.</p> <p>Additional information regarding this system can be found at https://health.mo.gov/seniors/hcbs/fusion/.</p>		
Physician Comments:		
PHYSICIAN SIGNATURE	DATE	