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

ADVERSE ACTION NOTICE FOR HOME AND COMMUNITY BASED SERVICES

NAME	DCN
ADDRESS, CITY, STATE, ZIP CODE	PHONE/EXTENSION

This is to advise you that a decision has been made regarding Home and Community Based Services (HCBS) authorized by the Missouri Division of Senior and Disability Services (DSDS).

The change(s) will take place on

You have the right to appeal this decision for ninety (90) calendar days from the date this notice was mailed by contacting the individual listed below.

If you decide to appeal this decision, a hearing will be scheduled. You may represent yourself or be represented by legal counsel, a relative, a friend, or another person at the hearing.

If you are currently receiving HCBS and request a hearing by 5:00 PM on (within ten (10) calendar days of the date this notice was mailed), your HCBS will continue unchanged while your hearing is pending, unless you inform DSDS otherwise.

If the decision of DSDS is determined to have been correct and you lose the hearing, the State has the ability to hold you, or your estate, responsible for repaying the cost of services you received while your hearing was pending.

If your request for an appeal is not received by 5:00 PM on (within ten (10) calendar days of the date this notice was mailed), your services will be reduced, modified, or discontinued on the date indicated above. However, you still have the right to appeal the decision for ninety (90) calendar days after the date this notice was mailed.

If you have information not previously presented to the agency that may affect the decision, please contact the individual listed below.

DSDS SIGNATURE	DSDS NAME PRINTED	
ADDRESS, CITY, STATE, ZIP CODE	DATE	PHONE/EXTENSION