



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
**REVERSAL OF ADVERSE ACTION NOTICE FOR HOME AND COMMUNITY BASED SERVICES**

NAME	DCN	DATE
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).

Refer to the checked boxes below for an explanation.

DSDS is **reversing** the adverse action regarding the

- denial of your request for HCBS;
- reduction of your HCBS;
- closing of your HCBS;
- denial of your request for a change in your current HCBS care plan.

DSDS has taken the necessary action to authorize and/or continue your services; no additional action on your part is required at this time to implement/continue your receipt of HCBS. If you have further questions or your provider of choice has not contacted you within ten (10) business days of receipt of this letter, please contact the DSDS staff listed below.

- DSDS has already submitted your request for a hearing to the Administrative Hearings Unit of the Department of Social Services (DSS), Division of Legal Services (DLS). DSDS has also submitted this Reversal of Adverse Action Notice to DLS. Please be advised your hearing will still be held unless you contact DLS, in writing, notifying them you no longer require a hearing.

Division of Legal Services Regional Administrative Hearings Office:

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