



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES
NOTICE OF CLOSURE 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 to close the Home and Community Based Services authorized by the Missouri Division of Senior and Disability Services, based on the Family Support Division's determination that you are ineligible to receive these Medicaid benefits.

- You must contact the Family Support Division Information Center at 855-373-4636 regarding appeal rights on the Medicaid benefit determination.

- Your benefits are coordinated through _____, your Managed Care Organization. You must contact _____ at _____ for information on Home and Community Based Services benefits you may be eligible for.

Please contact the individual below for questions about the determination regarding the closure of Home and Community Based Services.

The change(s) will take place on

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