



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-522-8689 FAX: 573-751-8687
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Julia M. Eckstein
Director

PM-06-08
VM-06-11

November 29, 2005

MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES PROVIDERS

From: Brenda F. Campbell, Interim Director *BFC*
Division of Senior and Disability Services

Subject: Change Request Form

It is the responsibility of each Provider/Vendor to notify the Department of Health and Senior Services (DHSS) throughout the contract period of any changes that occur within their business that may affect compliance with contract requirements, state statutes and applicable regulations. Further, Paragraph 10 of the SFY-2006 Participation Agreement for Home and Community Based Care requires that changes be reported to DHSS on a form provided by DHSS.

The Change Request form is now available on the DHSS website at www.dhss.mo.gov. To access the form, choose Senior Services then choose the type of Home and Community Based Care (In-Home Services, Consumer Directed Services or Adult Day Health Care). The form is then found under Applications/Forms.

Effective December 5, 2005, the Change Request form will be the required method of notification of changes. No other form of notification will be accepted. The form must be submitted within five (5) days of any change taking place. After DHSS has reviewed the request, the bottom portion of page two will be completed. The form will then be faxed or e-mailed back to the Provider/Vendor using the contact information provided in Section I. If the request is denied, an explanation will be provided.

The form can be completed online; however, it must then be printed and signed. By clicking on anything in blue, you will be taken directly to that form/information. The Change Request is used for all types of Home and Community Based Care. Therefore, all fields do not apply to all Providers/Vendors.

www.dhss.mo.gov

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

In-Home Services

DHSS notifies the Department of Social Services, Division of Medical Services (DMS) of changes reported on the Change Request that have been approved. Based on DHSS approval, DMS also makes the necessary changes to your agency's information regarding Personal Care Services and the Aged and Disabled Waiver program. Therefore, you do not need to notify DMS separately. However, if your agency participates in other Medicaid funded programs through DMS, you must notify DMS of changes as required under that program.

Consumer Directed Services

DHSS also notifies the Department of Social Services, Division of Medical Services (DMS) of changes reported on the Change Request that have been approved. Based on DHSS approval, DMS also makes the necessary changes to your agency's information regarding Personal Care Assistance Services. Therefore, you do not need to notify DMS separately. However, if your agency participates in other Medicaid funded programs through DMS, you must notify DMS of changes as required under that program.

Adult Day Health Care

The Department of Health and Senior Services, Division of Regulation and Licensure and the Department of Social Services, Division of Medical Services must first be notified of changes. If a new ADC license is issued as a result of a change, submit a copy of the new license with the Change Request.

The Change Request form must be signed and submitted with an original signature. No copied, faxed or e-mailed forms will be accepted. Forms submitted without the required documentation will be denied and returned to the requestor.

Questions may be submitted to the in-home services contracts e-mail address at ihcontracts@dhss.mo.gov.

BFC/CE

CC: Distribution Lists 3 & 4