



Missouri Department of Health and Senior Services

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PM-11-07
VM-11-07

December 17, 2010

MEMORANDUM FOR HOME AND COMMUNITY BASED CARE PROVIDERS

From: Celesta Hartgraves, Director *Celesta Hartgraves*
Division of Senior and Disability Services

SUBJECT: Revised Change Request Form

Home and Community Based Care providers/vendors are required to notify the division of any changes within their business that may affect compliance with contract requirements, state statutes and applicable regulations. The Change Request form is the required method for that notification.

The following revisions have been made to the Change Request form.

- Section I – all applicable fields must be completed or request will be denied.
- Separate forms must be submitted for each contract type to which the proposed change applies.
- Medicaid number changed to NPI number.
- Notifications of approval/denial will only be sent to the Provider/Vendor via fax.
- Section II – all documents, as required by type of change, must be submitted or request will be denied.
- All references to Vendor Input form changed to Vendor Input/ACH-EFT Application. This is a result of the Vendor Input form and Vendor ACH-EFT Application form being combined by State of Missouri's Office of Administration.
- Added change of address indicators of physical, mailing, remittance advice.
- Added change of telephone number indicators of business, director, designated manager, CDS coordinator, RN, emergency number.
- Added change of e-mail address indicators of business, director, designated manager, CDS coordinator, RN.
- Added requirement for notification of changes of Adult Day Health Care (ADHC) contact person and registered nurse.
- Added requirement to indicate the office location that will serve a county being added to the service area or previously served a county being removed from the service area.
- Added Agency name and SSBG/GR provider number to page two.

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PM-11-07
VM-11-07
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Page 2

The revised Change Request form and instructions are available on the DHSS website at:
<http://www.dhss.mo.gov/HCBS/AppsForms.html>.

Any questions regarding this memorandum should be directed to HCS Provider Contracts via e-mail at
ihcontracts@dhss.mo.gov.

CH/ce

Distribution List 3 & 4