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

WAITING LIST NOTICE FOR
INDEPENDENT LIVING WAIVER SERVICES

DATE

PARTICIPANT NAME / ADDRESS

RE: Request to Participate in the Independent Living Waiver and Placement on the ILW Waiting List

Dear :

The Division of Senior and Disability Services (DSDS) received your request to participate in the Independent Living Waiver (ILW) program. You have been determined to meet the criteria for participation in the waiver. However, this waiver has limits on the number of people who may be served and all waiver slots are currently full.

Your name has been placed on the ILW Waiting List. DSDS staff will contact you directly, by phone and letter, when a waiver slot becomes available for you. As of the date of this letter, you are number on the ILW Waiting List. Your number on the ILW Waiting List is subject to change as new individuals are added to or removed from the waiting list.

DSDS determines waiting list placement based on your level of need according to the Independent Living Waiver criteria. The attached Acuity Based Worksheet is used by DSDS to determine your number on the ILW Waiting List, using the information you provided during your assessment and person-centered care planning visit on . The worksheet measures the amount and type of direct help you need with everyday tasks to support your ability to remain living independently. If you have questions about this worksheet, please contact DSDS to discuss.

You should contact DSDS if your situation changes and you need more or different services than the ones requested on , as this could affect your number on the ILW Waiting List.

If you disagree with the decision regarding your number on the ILW Waiting List and wish to appeal, you must request an appeal within ninety (90) calendar days of 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, friend, or other person at the hearing. (Legal reference §208.080.1, RSMo)

If you have questions about any of the information in this letter, please call DSDS at the telephone number listed below.

Attachments: Acuity Based Worksheet

DSDS STAFF SIGNATURE	DSDS STAFF NAME (PRINTED)	PHONE NUMBER

DSDS OFFICE ADDRESS, CITY, STATE, ZIP CODE