



The Adverse Action Notice for Home and Community Based Services (HCBS-12) provides the current or potential participant and/or their authorized representative (e.g. guardian or someone with a signed Authorization for Disclosure of Consumer Medical/Health Information that is in effect) with written notification of denials (i.e. of an initial request, request for increase, or additional services), reductions, or closings of services. This notice shall be used for all adverse actions, **except** in the case of adverse actions due to loss of Medicaid benefits **or** for a participant's number on the Independent Living Waiver (ILW) Waiting List ([Policy 5.00](#)).

INSTRUCTIONS:

Enter the current or potential participant's name, DCN, address, and phone number, including an extension number as appropriate.

- For current or potential participants that have a guardian, enter the guardian's contact information.

Enter the appropriate "Action Taken" and any applicable "Explanation/Authority" from [Appendix 1](#).

- It may be appropriate in certain cases to enter more than one category from the "Explanation/Authority" section.
 - Certain categories for Consumer-Directed Services contain a list of reasons for the adverse action. In such cases, **staff shall highlight the specific reason** that applies to the participant.

Enter the date the change will take place. This date shall be the eleventh (11th) day from the date the notice is mailed, unless noted otherwise (see Policy 5.00).

Enter the date in both fields by which the participant must request a hearing in order to continue receiving HCBS at the current level. This date shall be the tenth (10th) day from the date the notice is mailed (see Policy 5.00).

DSDS staff completing the form shall sign and print their name, and enter their office phone number, including an extension number as appropriate and mailing address.

Enter the date the notice is mailed.

DISTRIBUTION:

Upon completion, the original HCBS-12 shall be mailed to the current or potential participant and/or their authorized representative. A copy is also maintained in the participant's case record in the HCBS Web Tool.

When a hearing is requested for Medicaid funded services, a copy of the HCBS-12 shall be included in the exhibit packet that is sent to the Department of Social Services (DSS), Division of Legal Services (DLS) (see [Policy 6.00, Appendix 1](#)).