Division of Medicaid ● Community Long Term Care ● Home and Community-Based Waiver Programs

Notice of Determination of Services

To: Date:

Medicaid Number:

Address:

MS

Your application for participation in the Home and Community-Based Services Waiver has been approved. Your services will include:

The services listed above are the ones agreed upon by you at the time of your assessment. You will be visited monthly by your case managers, who are:

Case Manager's Name:

Case Manager's Name:

Case Managers' Telephone:

Case Managers' Address:

If necessary, your services will be adjusted if your needs change. You will always be informed prior to any changes.

If you have any questions, please call your case managers at 1-800-381-5201