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Governor



DIVISION OF MEDICAID SERVICES

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Wisconsin Children's Long-Term Support (CLTS) Services
Disenrollment Notice

To the parent(s) or guardian of:

JOHN M DOE JR
1234 TEST ROAD
FRIENDSHIP, WI 53934

Notice Date: June 20, 2019

Program: Children's Long-Term Support Services

Waiver Agency: County Health & Human Services Department
1234 Main St.
Madison, WI 55555-5555
555-555-5555

This notice is to inform you that the above child's program enrollment has ended or is scheduled to end on _____ due to _____.

If you think this letter has been sent in error, please contact your county CLTS Waiver program support and service coordinator who can work with you to answer any questions you may have.

You have the right to appeal this decision by requesting a fair hearing with the Wisconsin Division of Hearing and Appeals (DHA).

- Information about requesting a fair hearing can be found on the back of this notice and on the following page.
- The Participant Rights and Responsibilities Notification is also included with this notice for your reference only. This form does not need to be signed or returned.

You also have the right to appeal this decision by requesting a county grievance. Your county waiver agency must inform you of the grievance process and help you as needed.

- A county grievance is not the same as a state hearing.
- To continue receiving the services that are ending, you must request a hearing from the state.
- The county grievance process may help you resolve a disagreement with this action; however, it may not delay disenrollment from the program.

Information About Requesting a Hearing

How long do I have to request a hearing?

DHA must receive your written fair hearing request appealing this decision no later than **45 calendar days** from the disenrollment date shown above. A hearing requested after 45 days may not be heard.

How do I request a hearing?

Your request for a hearing must be made in writing and it must be signed and dated. You have three ways to submit your request:

- Write on this notice that you would like to appeal this decision, sign your name and include the date, and then send a copy to DHA. Be sure to keep a copy for yourself.
- Submit a DHA Request for Fair Hearing form, found on the DHA website at <https://doa.wi.gov/Pages/LicensesHearings/DHAWFSHrgRequestForms.aspx>. This form is available in several languages. Be sure to sign and date the form and include a copy of this notice when you submit the form.
- Write on a piece of paper that you would like to request a hearing about the decision on this notice. Be sure to sign your name and write the date, and include a copy of this notice when you submit your request.

Mail, fax, or email your request to:

Wisconsin Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875
608-266-7709
Fax: 608-264-9885
Email: DHAMail@wisconsin.gov

Note: If you plan to email your request, scan and email the **signed copy**.

How long will it take for my request to be processed?

Hearings are usually held four to six weeks from the date DHA receives your fair hearing request.

How do I know if I have been scheduled for a hearing?

DHA will send you two notices. The first notice will let you know they received your request and if benefits will continue while a hearing is pending. The second notice will tell you the date and time of the hearing. All hearings are held over the phone, so you will be asked to provide a telephone number where you can be reached.

Can I have anyone with me at the hearing?

At the hearing you have the right to represent your child or use legal counsel, a relative, a friend, or another spokesperson.

Who can help me with a fair hearing request?

If you need help requesting a hearing, contact your support and service coordinator. Disability Rights Wisconsin may also be able to help with information or advocacy.

Disability Rights Wisconsin
1-800-928-8778
info@drwi.org
<http://www.disabilityrightswi.org/>

Will my child's services continue if I request a hearing?

If DHA receives your hearing request **before** the end date listed on this notice, there will be no changes to benefits received until the hearing decision is made.

Please note: You may need to pay for the cost of services if the hearing decision is not in your favor.

English: For help to translate or understand this, please call (*populate agency phone number*).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono (*populate agency phone number*).

Russian: Если вам не всё понятно в этом документе, позвоните по телефону (*populate agency phone number*).

Hmong: Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau (*populate agency phone number*).