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| MCO Appeal Decision (Upheld)Insert MCO logo |

Date Decision ltr mailed

Member's Name Member's ID/MCI Number

Member/Legal Decision Maker's Street Address

City State Zip Code

Dear Member's Name:

The MCO name for committee has reached a decision on your appeal about describe the appeal. The  was held on <<date>>, where The MCO name for committee carefully reviewed your team’s decision and the information you and/or others provided at the .They have decided to describe the decision.

The reason for the decision include the reason for upholding the team's decision.

If you disagree with this decision, you can ask for a state fair hearing. Instructions about how to request a state fair hearing are on the next page of this letter.

Thank you for using our grievance and appeals process. If you have any follow-up questions or would like help, contact member rights specialist at member rights specialist phone number or one of the organizations listed at the end of this letter. Your care team should be contacting you soon to discuss this decision.

Sincerely,

Staff Name

Title

Telephone Number

**Right to a Fair Hearing**

1. **State fair hearing**

If you ask for a state fair hearing, you will have a hearing with an independent Administrative Law Judge. You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony at the hearing.

MCO name’s member rights specialist can assist you with filing a fair hearing request. To contact a member rights specialist, call Member Rights Specialist phone number. You can also get the hearing form from one of the independent ombudsman agencies listed at the end of this notice or online at [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm).

Send the completed request form or a letter asking for a hearing and a copy of this notice to:

Family Care Request for Fair Hearing

Wisconsin Division of Hearings and Appeals

PO Box 7875

Madison, WI 53707-7875

Fax: 608-264-9885

Your request for a state fair hearing must be postmarked or faxed **no later than** **90 calendar days** after you receive this notice.

1. **Continuing Your Services During Your Fair Hearing**

**[Directions to MCO: Decide on the appropriate paragraph below and then delete the paragraph not used and this comment. If appeal doesn’t relate to a reduction, suspension, or termination of a service, then delete BOTH paragraphs and the heading above.]**

(1. Standard continued benefits)

Your services were continued during your MCO name appeal. If you want to keep those benefits during your fair hearing, your request must be postmarked or faxed **on or before** **insert effective date of intended action**. If a judge decides that MCO name was right, you may need to repay the extra benefits you got between the time you asked for your appeal with MCO name’s Grievance and Appeal Committee and the time the judge makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

(2. Benefits were not continued)

Your services were not continued during the MCO name appeal; therefore, they cannot be provided during the state fair hearing process.

1. **Who can help you understand this notice and your rights?**
	1. MCO name’s member rights specialist can inform you of your rights and assist you with filing a fair hearing. The member rights specialist **cannot** represent you at a state fair hearing. To contact a member rights specialist, call member rights specialist phone number.
	2. Anyone receiving Family Care, Family Care Partnership, or PACE (Program of All-Inclusive Care for the Elderly) services can get free help from an **independent ombudsman**. The following agencies advocate for Family Care, Family Care Partnership, and PACE members:

**For members age 18 to 59:**

Disability Rights Wisconsin

Toll Free: 800-928-8778

TTY: 711

**For members age 60 and older:**

Wisconsin Board on Aging and Long Term Care

Toll Free: 800-815-0015

TTY: 711

**Copy of your case file**

You have the right to a free copy of the information in your case file related to this decision. Information means all documents, medical records, and other materials related to this decision. If you decide to request a fair hearing about this decision, you have the right to any new or additional information MCO name gathered during your appeal. To request a copy of your case file, contact appropriate contact at phone number.