AGING & DISABILITY RESOURCE CENTER

NOTICE OF MEDICAL REMEDIAL EXPENSES FOR COST SHARE DETERMINATION

Mailing Date: Click or tap to enter a date

Enter Customer Name

Enter Street Address

Enter City, State, and Zip Code

Dear Click or tap here to enter text:

Thank you for contacting the Aging and Disability Resource Center of insert ADRC name. We have determined your monthly medical remedial expenses and have submitted that amount to the Income Maintenance consortium with your Medicaid application. This amount is used by Income Maintenance when determining if you will have a cost share for publicly funded-long term care and how much that cost share will be.

Enclosed is a copy of your medical remedial expense form for your information.

If you believe that an error has occurred with determining your medical remedial expenses, please contact the ADRC or select from the options described in the following pages of this notice.

Sincerely,

ADRC Representative Name

**Appeal Rights & Information**

1. **How to appeal this decision**

If you disagree with this decision you can contact the ADRC:

ADRC Name

ADRC Address

ADRC Phone Number

ADRC Fax Number

ADRC Email Address

1. **Request a Fair Hearing**

You have the right to ask for the state fair hearing if you do not agree with the decision. If you ask for a state fair hearing, you will have a hearing with an independent Administrative Law Judge (ALJ). You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony at the hearing.

You can get the hearing request form from the ADRC, from one of the independent ombudsman agencies listed at the end of this notice or online at  
<http://www.dhs.wisconsin.gov/library/f-00236a.htm>.

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

ADRC Request for Fair Hearing

Wisconsin Division of Hearing and Appeals

PO Box 7875

Madison, WI 53707-7875

Fax: 608-264-9885

Important Note: You have 45 days from the date of this notice to request a fair hearing.

1. **Who can help you under this notice and your rights?**

The Aging and Disability Resource Center can inform you of your rights, try to informally resolve your concerns, and assist you in filing a request for fair hearing.

You may also receive assistance from an independent ombudsman. The following agencies advocate for individuals:

Age 18 to 59:

Disability Rights Wisconsin

Toll Free: 1-800-928-8778

TTY: 711

Age 60 and older:

Wisconsin Board on Aging and Long-Term Care

Toll Free: 1-800-815-0015

TTY: 711

1. **Copy of your file**

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

Insert Phone Number