|  |
| --- |
| Add letterhead here. |

To the parent(s) or guardian of:

**Child's Name**
Child's Address line 1
Child's Address line 2

Notice Date: Click or tap to enter a date.

Notice of Action: Child's Name Was Found Not Eligible for the Children’s Long-Term Support Waiver Program

Reason for this Letter

The purpose of this letter is to:

* Inform you that Child's Name did not meet the eligibility criteria for the Children’s Long-Term Support Waiver Program.
* Provide you with information about the reason for the denial of eligibility.
* Describe options and timelines for responding to this decision.
* Give you contact information for people to talk to if you have questions.
* Provide you with the functional screen report and documents that explain the functional screen, fair hearings, and participant rights and responsibilities.

Decision and Timeline

|  |  |
| --- | --- |
| What decision was made? | What is the date of the decision? |
| Child's Name was not eligible for the Children’s Long-Term Support Waiver Program. | Click or tap to enter a date. |

Options if You Disagree

If you do not agree with this decision, you have the right to take one or more of the following actions. You can file an appeal with the state, a grievance with the county, and review your functional screen answers at the same time.

|  |  |  |
| --- | --- | --- |
| Review Your Functional Screen Answers | File a Grievance with the County | Appeal the Decision with the Wisconsin Division of Hearings and Appeals (DHA) |
| You can work with the county to review the functional screen and make sure the information is correct. | If you are interested in filing a county grievance, please contact the individuals listed at the end of this letter. | Click or tap to enter a date.**Time Sensitive:** DHA must receive your request for a hearing by this date. |

More information about each option is included later in this letter.

Reason for Decision

|  |
| --- |
| Why was this decision made? |
| You are receiving this letter because your child did not meet the eligibility requirements for this program. This is because reason for the action.This decision is being made in accordance with policy included in the Children’s Long-Term Support Waiver Program Manual, Chapter ##, Section ## which can be found on the DHS website at [www.dhs.wisconsin.gov/publications/p02256.pdf](file:///C%3A%5CUsers%5Cfosdiaw%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CW2JKIF0W%5Cwww.dhs.wisconsin.gov%5Cpublications%5Cp02256.pdf).The attached Functional Screen with Eligibility Report has more information about the child. |

More Information about Your Options to Understand and Appeal this Decision

|  |
| --- |
| Update Your Answers to the Children’s Long-Term Support Functional Screen |
| The information on your Children’s Long-Term Support Functional Screen is important to eligibility. This document is included as an attachment. You can:* Decide if the information on the child’s Functional Screen with Eligibility Report reflects the child’s current situation.
* Contact the screener or the screener supervisor to discuss any questions or concerns.
* If the information is not correct, ask to review the answers to the functional screen with a screener.

To learn more about the functional screen process, please view the functional screen clinical instructions at [www.dhs.wisconsin.gov/functionalscreen/cltsfs/instructions.htm](http://www.dhs.wisconsin.gov/functionalscreen/cltsfs/instructions.htm), and the institutional level of care guidelines at [www.dhs.wisconsin.gov/publications/p03027.pdf](http://www.dhs.wisconsin.gov/publications/p03027.pdf). Because these are complex documents, you may wish to ask your county screener or an advocacy group like Disability Rights Wisconsin (contact information is at the end of this letter) to explain the process.  |

|  |
| --- |
| File a Grievance with the County |
| You also have the right to file a county grievance. A county grievance is a chance to say why you think a wrong decision was made about the child’s eligibility. This is a way to solve your disagreement with your county—it is a local county process that does not involve state departments.A county grievance is not the same as a hearing with DHA. Filing a county grievance:* Does not change the timeframes you must follow for a fair hearing request.
* Does not result in a judge’s decision.

You may request information on the county grievance process using the contact information at the end of this letter. |

|  |
| --- |
| Request a Fair Hearing with the Wisconsin Division of Hearing and Appeals (DHA) |
| What is a fair hearing?* A fair hearing is held in an informal setting (generally over the telephone) with a judge (called an administrative law judge) who listens to both sides, looks at submitted documents, and makes a decision about the eligibility decision identified above.
* A fair hearing gives you a chance to say why you think a wrong decision was made about the child’s eligibility.

You have the right to appeal this decision by requesting a fair hearing with DHA.* More information about a fair hearing and how to request one is included as a separate part of this mailing.
 |

Information to Keep in Mind

You can take different steps at the same time to address concerns with this decision.

To make sure you do not miss a deadline, you can request a fair hearing, file a county grievance, and request a meeting to review answers to the functional screen at the same time.

The Participant Rights and Responsibilities Notification has more information.

The Participant Rights and Responsibilities Notification is included with this letter. It provides additional information on the processes described in this letter.

The county is available to answer your questions.

Please reach out to the county contacts listed at the end of this letter to help answer questions and assist you with any of the following:

* Filing a request for a fair hearing
* Filing a county grievance
* Reviewing answers to the functional screen (if needed due to inaccurate information)
* Finding other resources in the county and within the community to help children with exceptional needs

County Contacts

|  |  |
| --- | --- |
| Name, **Title** | Name, **Title** |
| **Address:** Address line 1Address line 2 | **Address:** Address line 1Address line 2 |
| **Email:**       | **Email:**       |
| **Phone:**       | **Phone:**       |
| **Fax:**       | **Fax:**       |

Attachments

Attached to this letter, you will find the following:

* The Functional Screen with Eligibility Report
* Fair Hearings with the Wisconsin Division of Hearings and Appeals (DHA)
* Participant Rights and Responsibilities Notification, F-20985 (available in English, Hmong, and Spanish)

Federal Regulations

The program described in this letter is governed by the following federal regulations: § 1915(c); § 1915(b)(4) Social Security Act [42 U.S.C. 1396n]; 42 CFR §431.213.

Fair Hearings with the Wisconsin Division of Hearings and Appeals (DHA)

|  |  |
| --- | --- |
| What is a fair hearing?  | A fair hearing gives you the chance to say why you disagree with a decision affecting your child’s eligibility. |

|  |  |
| --- | --- |
| When does DHA need to receive my request for a fair hearing?  | To make sure your request for a fair hearing occurs, DHA must receive your request for a fair hearing by the date listed under “Options if You Disagree” in the attached letter. A request received after this date is not guaranteed to be heard.  |

|  |  |
| --- | --- |
| How do I request a fair hearing? | Your request for a fair hearing must be made in writing and must be signed and dated, using one of the following options: * Submit a DHA Request for Fair Hearing form, found on the DHA website at [doa.wi.gov/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx](https://doa.wi.gov/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx). This form is available in several languages. Be sure to sign and date the form and include a copy of this letter when you send the form.

OR* Write on a copy of this letter or on a separate piece of paper that you would like to request a fair hearing about the decision described in this letter. Be sure to sign your name and write the date. If you write on a separate piece of paper, please include a copy of this letter when you send your request.

Once you have the materials ready to submit, mail, email, or fax your request to:Address: Wisconsin Division of Hearings and Appeals P.O. Box 7875 Madison, WI 53707-7875Phone: 608-266-7709Fax: 608-264-9885Email: DHAMail@wisconsin.govNote:If you plan to email your request, scan and email the **signed**copy*.* Questions can be directed to DHA at the contact information listed above. |

|  |  |
| --- | --- |
| When will my hearing happen?  | A hearing is usually held four to six weeks after the date DHA receives your fair hearing request. |

|  |  |
| --- | --- |
| Will DHA let me know when they receive my request and schedule my hearing? | DHA will send you two notices:* The first notice will let you know they received your request.
* The second notice will tell you the date and time of the hearing.
 |

|  |  |
| --- | --- |
| Can I have anyone with me at the hearing? Can they participate in the hearing? | At the hearing, you have the right to represent your child and to have other people with you, such as other family members, health care providers, teachers, legal counsel, advocates, and witnesses. They can participate in the hearing and provide information to help the judge make a decision. |

|  |  |
| --- | --- |
| How do fair hearings work? | Fair hearings are meetings that are typically held over the phone with an administrative law judge. If you decide to request a fair hearing, you will get more information about next steps, including about your right to:* Be assisted by a representative of your choice.
* Present verbal and written statements and other information.
* Bring an interpreter, if needed.
 |

|  |  |
| --- | --- |
| Who can help me with a fair hearing request? | If you need help requesting a hearing, contact your county. You can also contact Disability Rights Wisconsin (DRW), an organization that works with people with disabilities and may also be able to help with information or advocacy. Disability Rights Wisconsin 1-800-928-8778info@drwi.org[www.disabilityrightswi.org](http://www.disabilityrightswi.org/) |