

EXPLANATION OF APPEAL PROCESS AND RIGHTS

The following is an explanation of your right to appeal action taken regarding your eligibility for services or services are denied, suspended, terminated or reduced, and the procedure required to file such an appeal.

NOTICE

The community centered board (CCB) identified on the front of this form is authorized to determine eligibility for Medicaid Waiver Services for persons with developmental disabilities. When approval for these services is denied, suspended, terminated or reduced, the CCB must provide you with written notice of the action to be taken, the effective date of the action and the reason for the action. After receiving prior notice, and if you disagree with intended action and want to grieve the action with the case management agency, you must notify the case management agency in accordance with 2-CCR 503-1, Section 7, Colorado Department of Human Services, Developmental Disabilities Services (DDS) rules and regulations. Whether you do not wish to grieve the action with the case management agency or you do disagree with the decision from this process, you may appeal the action with the Colorado Department of Health Care Policy and Financing by following the State Appeals Process.

STATE APPEALS PROCESS

If you disagree with the action or with the decision of the grievance process, you may appeal by sending, within twenty-six (26) calendar days from the postmarked date of the notice or within fifteen (15) calendar days after the case management agency dispute resolution process decision. This request for a hearing must be sent to:

State Division of Administrative Hearings, 1120 Lincoln, Suite 1400, Denver, CO 80203

The request for appeal must indicate that you wish to appeal the decision and the reason(s) why. If you need help to do this, you may ask anyone you desire to assist you, including the Legal Aid Office, your case manager, your authorized representative, the State Protection and Advocacy Agency, etc.

When the appeal is received, you will be notified by letter explaining what will be done and the date for the appeal hearing. You will also be told who may come with you, how to present testimony, and other details about the appeal hearing. Prior to and during the hearing, you or your authorized representative may examine your case files and all documents to be used at the hearing.

INTERIM RELIEF

If services are being suspended, terminated, or reduced, you may have these services continued during the appeal process, if it can be shown that irreparable damage will occur if the action is completed. Requests for interim relief should be directed to the Office of Appeals at the address given above.

When benefits have been continued or reinstated during the appeal process and the State Hearing Officer upholds the agency's original action, the State may take action against you to recover the cost of these services.

DISCRIMINATION

If you believe you have been discriminated against because of race, ethnicity, religion, gender, national origin, political beliefs, disability, or age, you have the right to file a complaint with:

Colorado Civil Rights Division
1560 Broadway
Suite 1050
Denver, Colorado 80203

U.S. Dept. of Health and Human Services
Health and Human Services Building
330 Independence Avenue, SW
Washington, DC 20201