



# DD HCBS NOTICE OF REDUCTION, DENIAL OR TERMINATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENT DISABILITIES/HCBS

SFN 1009 (2-2023)

- Reduction of Services
- Denial of Program(s) or Service(s)
- Termination of Program(s) or Service(s)

Date
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Client Name	Client ID
Employee Name	Human Service Center Name
Title	

It has been determined that your service(s) are being reduced or you are not eligible for the following program or service
Reason your service(s) are being reduced or you are not eligible
As Set Forth in
Date this Reduction, Denial or Termination of Program(s) or Services(s) is Effective

If you disagree with this decision, please contact the following:

Regional Human Service Center	Telephone Number
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To request a conference with the Human Service Center Director or designee, contact the following:

Name	Telephone Number
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Regardless of a request for a conference, you may appeal this decision to the Department of Health and Human Services within 30 days from the date of this notice. The purpose of an appeal hearing is for you to show that a mistake or error was made in this decision. The appeal request should be made in writing sent to:

Appeals Supervisor  
 Department of Health and Human Services  
 600 East Boulevard Avenue - Dept. 325  
 Bismarck, ND 58505-0250  
 Telephone: (701) 328-2311  
 Toll-Free: 1-800-472-2622  
 ND Relay TTY: 1-800-366-6888  
 Fax: (701) 328-2173  
 Email: dhslau@nd.gov

You may represent yourself in an appeal or you may be represented by an attorney, a relative, a friend, or other spokesperson.

If a Medicaid appeal is received before the date of termination above is effective, services can continue until a hearing decision has been made. If the department's decision is upheld you will be required to reimburse for services provided after the termination date.