NOTICE OF DENIAL OR TERMINATION OF DEMONSTRATION SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES / MFP
SFN 533 (09-2022)

Clear Fields

Name			Date
Address			Medicaid ID Number
City	State	ZIP Code	Telephone Number

It has been determined that you are being denied or terminated for MFP grant services because of the following reason(s):

Denial of Service(s)

- ☐ Does not meet the 60 days of institutionalization requirement of the grant.
- ☐ Does not meet the institutionalization Level of Care requirement of the grant.
- ☐ Does not meet the Medicaid eligibility requirement of the grant.
- ☐ Does not meet the Operational Protocol eligibility requirement of the grant.
- ☐ Other (specify):_____

Termination of Service(s)

- ☐ Completion of the 365 days of demonstration grant eligibility.
- ☐ Has been re-institutionalized for more than 30 days and is not planning a return to the community.
- ☐ Other (specify):_____

MFP Program Administrator Signature	Date

If you disagree with this decision, please contact the Money Follows the Person Program Administrator at 701-328-8652 or N.D. Department of Human Services, 520 3rd St. NW, Jamestown, ND 58401

If a participant in the MFP demonstration grant has a complaint or concern, every effort will be made to deal with the issue on an informal basis or with a referral to an advocacy group such as the ND Protection and Advocacy Office.

You may appeal this decision to the Department of Health and Human Services Appeals Supervisor within 30 days from the receipt of this notice. The purpose of this hearing is for you to show that a mistake or error was made in this decision. The appeal request should be made in writing and sent to:

Appeals Supervisor, Legal Division, Department of Health and Human Services,
600 E Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250,
Phone: (701) 328-2311, Toll Free: (800) 472-2622, 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.

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