HCBS NOTICE OF DENIAL OR TERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1647 (5-2022)

Clear Fields

Date

☐ Denial of Program(s) or Service(s)

☐ Termination of Program(s) or Service(s)

Individual Name	Individual Identification Number (ND Number)
HCBS Case Manager Name	County Name
Title	

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

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

HCBS Case Management Supervisor	Telephone Number

To request a conference with the Aging Services Director or designee, please contact the following:

Name	Telephone Number

Regardless of a request for a conference, you may appeal this decision to the Department of 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. If you require assistance with filing an appeal, contact your HCBS Case Manager or the HCBS Supervisor listed above. The appeal request should be made in writing sent to:

Appeals Supervisor
North Dakota Department of Human Services
600 East Boulevard Avenue Dept 325
Bismarck, ND 58505-0250

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 (does not apply to SPED or ExSPED Programs). If the department's decision is upheld you will be required to reimburse for services provided after the termination date.