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**Notice of Appeal Rights**

**Appeal Choice if You Do Not Have Medicaid:**

***Denial of Services OR Services Reduced, Suspended or Stopped:***

* If you do not have Medicaid, you still have the right to appeal if you are being denied a service or a service you already received is being reduced, suspended or stopped. You can ask for a Local Appeal Meeting two ways:
1. You can call the local hearings officer named on your letter and/or you can
2. Fill out a request form for a Local Dispute Resolution Committee” meeting that you should get with the letter.

You can ask a staff or Customer Services for these forms or for help in filling them out. You have 45 days to ask for a local appeal and the agency must complete your appeal in 60 days. If you ask for a local meeting before the date on the form that says when your services are supposed to stop or change, your services can stay the same until after a local meeting is held. If you don’t agree with the outcome of the Local Appeal Meeting, you can appeal to the state. You will get the form for this when you get the written outcome of the local meeting. You can give someone permission to represent you for an appeal/hearing.

***Appealing Delays in Service:***

* You have the right to appeal if the agency does not tell you in 14 days if you will or will not get a service you asked for. If it is an emergency, you should hear within 3 days.
* You have the right to appeal if the agency does not start services in your Individual Plan of Service within 14 days of the date you signed it, unless you agree to a later start date.
* If you are a non-Medicaid recipient, you would first ask for a local appeal and after that, if you are not satisfied, you can appeal to the state.