



Kay Ivey
Governor

Alabama Medicaid Agency

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Stephanie Azar
Commissioner

DISSATISFACTION OF SERVICES

You are in the process of being enrolled in one of the Medicaid Home and Community-Based Waiver programs for individuals with intellectual disabilities. This is notification of your rights to a review of your case and/or a fair hearing.

1. REQUEST CONFERENCE OR REVIEW OF CASE

A person who is dissatisfied with his/her services under the Medicaid Home and Community-Based Waiver program (Living at Home Waiver or Waiver for Persons with Mental Retardation) may notify the Alabama Medicaid Agency giving the reason for the dissatisfaction and ask for either a conference or a review of the case by the Alabama Medicaid Agency. At the conference, the person may present the information or may be represented by a friend, relative, attorney or other spokesperson of their choice.

2. REQUEST A FAIR HEARING

A written request for a hearing must be filed within sixty (60) days following the action with which the person is dissatisfied. He, his legally appointed representative or other authorized person must request the hearing and give a correct mailing address. If the request for a hearing is made by someone other than the person who wishes to appeal, the representative must make a definite statement that he has been authorized to do so by the persons for whom the hearing is being requested. Information about hearings will be forwarded and plans will be made for the hearing and a date and place convenient to the persons will be arranged. If the person is satisfied before the hearing and wants to withdraw his request, he or his legally appointed representative or other authorized person should write the Alabama Medicaid Agency that he wishes to do so and give the reason for withdrawing.

The Alabama Medicaid Agency need not grant a request for a hearing if the sole issue is a federal or state law or policy, which requires an automatic change adversely affecting some or all recipients. When benefits are terminated, they can be continued if a hearing request is received within ten (10) days following the effective date of termination, unless there are unnecessary delays by the person requesting the hearing for this representative. If benefits are continued pending the outcome of the hearing and the Hearing Officer decided that termination was proper, Alabama Medicaid Agency may recover from the terminated recipient or sponsor, the costs of all benefits paid after the initial termination date.

MEDICAID ELIGIBILITY DIVISION POLICIES AND PROCEDURES ARE IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964 AND SECTION 504 OF THE REHABILITATION ACT OF 1973

Send written requests for reviews and fair hearings to:

**ALABAMA MEDICAID AGENCY
Long Term Care Division
P.O. Box 5624, 501 Dexter Avenue
Montgomery, AL 36103-5624**

I have reviewed and been given a copy of my right to a Medicaid review of the case and/or a Fair Hearing.

Signature of Recipient or Legal Representative

Date

Print Recipient's Name

Witness Signature and Date