DD HCBS NOTICE OF REDUCTION, DENIAL OR TERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENT DISABILITIES DIVISION/HCBS
SFN 1009 (1-2014)

Clear Fields

Date

☐ Reduction of Services

☐ Denial of Program(s) or Service(s)

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

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

To request a conference with the Human Service Center Director or designee, 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. The appeal request should be made in writing sent to:

Appeals Supervisor
North Dakota Department of Human Services
600 East Boulevard Avenue
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. If the department's decision is upheld you will be required to reimburse for services provided after the termination date.