

Enter letter date

Enter First Name Enter Last Name State/Medicaid ID: Enter number

Enter Address

Enter City, Enter State Enter Zip Code

**Your Long-Term Care Benefits Status**

**Dear** Enter First Name Last Name,

**As of Enter Action Date (Letter Date + 11 days), your benefits under the Enter Program Name will be Enter Action.**

The following services are being impacted: Enter service(s) being affected – Use benefit language listed at end of this document

This decision was made because Select Reason. The state rule that applies to this decision is 10 CCR 2505-10 Section Enter Rule Section.

You have the right to appeal this decision if you disagree with it. Instructions for how to appeal are on the next page.

If you have questions about this change, please call your case manager from  
Enter Case Management Agency Name at Enter Phone Number.

Sincerely,

Enter Case Management Agency Name

Case Manager Signature:

Supervisor Signature:

## If you disagree with our decision

If you disagree with this decision, you can ask for an informal review, file a formal appeal, or both. *Appeal* means you disagree with a decision and want a State Fair Hearing with a judge. You have the right to appeal any decision about your benefits, including whether you qualify and how much assistance you get.

**Asking for an informal review**

You can ask your case management agency for an informal review of the decision. If you also want to file a formal appeal, you must still do it by the deadline below, even if you also want to try an informal review. Call Enter Case Management Agency Name at Enter Phone Number.

**Filing a formal appeal**

If you want to appeal, **you must file your appeal by Enter Appeal Deadline (Action Date + 60 days).** You can file an appeal in any of these ways:

* Complete the form “Request for a State Fair Hearing” enclosed with this letter and attach a copy of this notice (keep a copy for your records). Mail, fax, or bring them to:

Office of Administrative Courts

1525 Sherman Street, 4th Floor

Denver, CO 80203

Fax: 303-866-5909

* You can also file an appeal online at [Colorado.gov/oac/oac-form-links](https://www.colorado.gov/oac/oac-form-links), or call the Office of Administrative Courts at 303-866-2000.

The Office of Administrative Courts will mail you the date, time, and place for your hearing. You have the right to represent yourself at your appeal hearing or you may choose a lawyer, relative, friend or any other person to be your representative. You may be able to get free legal help from Colorado Legal Services. Call 303-837-1313 or visit [coloradolegalservices.org](http://www.coloradolegalservices.org) for more information.

**Asking for an expedited (faster) hearing**

If you think waiting for a hearing might put your life or health at risk, you have the right to ask for an expedited (faster) hearing. If you want an expedited hearing, put it in the Request for a State Hearing form (enclosed) with your reasons for appealing.

**Receiving benefits while you appeal**

If you want to continue getting your benefits while you appeal (i.e. you ask for a formal hearing), you must file your appeal before your benefits end.

## If you think you have been treated unfairly

The Colorado Department of Health Care Policy & Financing does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, gender identity and expression, sexual orientation, marital status, religion, creed, political beliefs or disability in any of its programs, services, and activities.

To file a discrimination complaint or request free disability or language aids and services, contact the Colorado Department of Health Care Policy & Financing, 504/ADA Coordinator:

* US Mail: 303 E. 17th Avenue, Suite 1100, Denver, CO 80203
* Phone: 303-866-6010 or state relay 711
* Fax: 303-866-2828
* Email: [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

* Complaint Portal: [ocrportal.hhs.gov/ocr/cp/complaint\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf)
* Complaint Forms: [hhs.gov/civil-rights/filing-a-complaint/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/index.html)
* US Mail: 1961 Stout Street, Room 08-148, Denver, CO 80294
* Phone: 800-368-1019, TDD: 800-537-7697
* Fax: 202-619-3818

**Request for a State Fair Hearing**

Complete this form if you disagree with the decision about your benefits and want to file a formal appeal. The Office of Administrative Courts must receive it by **Enter Appeal Deadline (Action Date + 60 days)**.

I disagree with the case management agency’s decision in the attached notice. I wish to appeal this decision and have my case considered by an Administrative Law Judge.

Your name: **Enter First Name** **Enter Last Name**

Your State/Medicaid ID: **Enter number**

Case Management Agency: **Enter Case Management Agency Name**

Your signature:

Today’s date:

Your address:

Your phone number:

I am appealing because:

I am requesting an expedited (faster) hearing because:

Help in Your Language

|  |  |
| --- | --- |
| **Health First Colorado Member Contact Center:** 800-221-3943 (State Relay: 711) | |
| **Español** | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-221-3943 (State Relay: 711). |
| **Tiếng Việt** | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-221-3943 (State Relay: 711). |
| **繁體中文** | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-221-3943 (State Relay: 711). |
| **한국어** | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-221-3943 (State Relay: 711) 번으로 전화해 주십시오. |
| **Русский** | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-221-3943 (телетайп: 711). |
| አማርኛ | ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-221-3943 (መስማት ለተሳናቸው: 711). |
| **ةيبرعلا** | ﻣﻠﺤﻮظﺔ: إذا ﻛﻨﺖ ﺗﺘﺤﺪث اذﻛﺮ اﻟﻠﻐﺔ، ﻓﺈن ﺧﺪﻣﺎت اﻟﻤﺴﺎﻋﺪة اﻟﻠﻐﻮﯾﺔ ﺗﺘﻮاﻓﺮ ﻟﻚ ﺑﺎﻟﻤﺠﺎن. اﺗﺼﻞ ﺑﺮﻗﻢ  .(117 :واﻟﺒﻜﻢ اﻟﺼﻢ ھﺎﺗﻒ رﻗﻢ)3493-122-008-1 |
| **Deutsch** | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-221-3943 (State Relay: 711). |
| **Français** | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-221-3943 (ATS: 711). |
| **नेपाल�** | ध्यान िदनहु ोस:् तपाइ�ले नेपाली बोल्नहु �न्छ भने तपाइ�को िनिम्त भाषा सहायता सेवाह� िनःशल्ु क �पमा उपलब्ध छ । फोन गनर्होस् 1- 800-221-3943 (िटिटवाइ: 711). |
| **Tagalog** | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-221-3943 (State Relay: 711). |
| **日本語** | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1- 800-221-3943（State Relay: 711）まで、お電話にてご連絡ください。 |
| **Oroomiffa** | XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-221-3943 (State Relay: 711). |
| **یسراف** | **ﺗﻮﺟﮫ**: اﮔﺮ ﺑﮫ زﺑﺎن ﻓﺎرﺳﯽ ﮔﻔﺘﮕﻮ ﻣﯽ ﮐﻨﯿﺪ، ﺗﺴﮭﯿﻼت زﺑﺎﻧﯽ ﺑﺼﻮرت راﯾﮕﺎن ﺑﺮای ﺷﻤﺎ ﻓﺮاھﻢ ﻣﯽ ﺑﺎﺷﺪ. ﺑﺎ  .ﺑﮕﯿﺮﯾﺪ ﺗﻤﺎس 1-800-221-3943 (State Relay: 711) |
| **Polski** | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-221-3943 (State Relay: 711). |

Use the following benefits language to type in the “Enter Services Affected” field on page one

| **Adult Waivers** | |
| --- | --- |
| * Brain Injury (BI) Waiver: Adult Day Services * Brain Injury (BI) Waiver: Assistive Devices * Brain Injury (BI) Waiver: Behavioral Management and Education * Brain Injury (BI) Waiver: Consumer Directed Attendant Support Services (CDASS) * Brain Injury (BI) Waiver: Day Treatment * Brain Injury (BI) Waiver: Home Delivered Meals * Brain Injury (BI) Waiver: Home Modification * Brain Injury (BI) Waiver: Independent Living Skills Training * Brain Injury (BI) Waiver: Medication Reminder * Brain Injury (BI) Waiver: Mental Health Counseling * Brain Injury (BI) Waiver: Non-Medical Transportation * Brain Injury (BI) Waiver: Peer Mentorship * Brain Injury (BI) Waiver: Personal Care * Brain Injury (BI) Waiver: Personal Emergency Response System * Brain Injury (BI) Waiver: Respite Care * Brain Injury (BI) Waiver: Specialized Medical Equipment and Supplies * Brain Injury (BI) Waiver: Substance Abuse Counseling * Brain Injury (BI) Waiver: Supported Living Program * Brain Injury (BI) Waiver: Transition Set Up * Brain Injury (BI) Waiver: Transitional Living Program | * Community Mental Health Supports (CMHS) Waiver: Adult Day Services * Community Mental Health Supports (CMHS) Waiver: Alternative Care Facilities * Community Mental Health Supports (CMHS) Waiver: Consumer Directed Attendant Support Services (CDASS) * Community Mental Health Supports (CMHS) Waiver: Home Delivered Meals * Community Mental Health Supports (CMHS) Waiver: Home Modifications * Community Mental Health Supports (CMHS) Waiver: Homemaker Services * Community Mental Health Supports (CMHS) Waiver: Life Skills Training * Community Mental Health Supports (CMHS) Waiver: Medication Reminder * Community Mental Health Supports (CMHS) Waiver: Non-Medical Transportation * Community Mental Health Supports (CMHS) Waiver: Peer Mentorship * Community Mental Health Supports (CMHS) Waiver: Personal Care * Community Mental Health Supports (CMHS) Waiver: Personal Emergency Response System * Community Mental Health Supports (CMHS) Waiver: Respite Care * Community Mental Health Supports (CMHS) Waiver: Transition Set Up |
| * Complementary and Integrative Health (CIH) Waiver: Adult Day Services * Complementary and Integrative Health (CIH) Waiver: Complementary and Integrative Health Services (Acupuncture, Chiropractic, Massage Therapy) * Complementary and Integrative Health (CIH) Waiver: Consumer Directed Attendant Support Services (CDASS) * Complementary and Integrative Health (CIH) Waiver: Home Delivered Meals * Complementary and Integrative Health (CIH) Waiver: Home Modification * Complementary and Integrative Health (CIH) Waiver: Homemaker Services * Complementary and Integrative Health (CIH) Waiver: In-Home Support Services (IHSS) * Complementary and Integrative Health (CIH) Waiver: Life Skills Training * Complementary and Integrative Health (CIH) Waiver: Medication Reminder * Complementary and Integrative Health (CIH) Waiver: Non-Medical Transportation * Complementary and Integrative Health (CIH) Waiver: Peer Mentorship * Complementary and Integrative Health (CIH) Waiver: Personal Care * Complementary and Integrative Health (CIH) Waiver: Personal Emergency Response Systems * Complementary and Integrative Health (CIH) Waiver: Respite Care * Complementary and Integrative Health (CIH) Waiver: Transition Set Up | * Developmental Disabilities (DD) Waiver: Behavioral Services * Developmental Disabilities (DD) Waiver: Day Habilitation Services Specialized Habilitation * Developmental Disabilities (DD) Waiver: Day Habilitation Services Supported Community Connections) * Developmental Disabilities (DD) Waiver: HCBS Dental Services * Developmental Disabilities (DD) Waiver: Home Delivered Meals * Developmental Disabilities (DD) Waiver: Non-Medical Transportation * Developmental Disabilities (DD) Waiver: Peer Mentorship * Developmental Disabilities (DD) Waiver: Prevocational Services * Developmental Disabilities (DD) Waiver: Residential Habilitation Services Host Home * Developmental Disabilities (DD) Waiver: Residential Habilitation Services Personal Care Alternative * Developmental Disabilities (DD) Waiver: Residential Habilitation Services Group Home * Developmental Disabilities (DD) Waiver: Specialized Medical Equipment and Supplies * Developmental Disabilities (DD) Waiver: Supported Employment * Developmental Disabilities (DD) Waiver: Transition Set Up * Developmental Disabilities (DD) Waiver: Vision Services |
| * Elderly, Blind, and Disabled (EBD) Waiver: Adult Day Services * Elderly, Blind, and Disabled (EBD) Waiver: Alternative Care Facilities * Elderly, Blind, and Disabled (EBD) Waiver: Consumer Directed Attendant Support Services (CDASS) * Elderly, Blind, and Disabled (EBD) Waiver: Home Delivered Meals * Elderly, Blind, and Disabled (EBD) Waiver: Home Modifications * Elderly, Blind, and Disabled (EBD) Waiver: Homemaker Services * Elderly, Blind, and Disabled (EBD) Waiver: In-Home Support Services (IHSS) * Elderly, Blind, and Disabled (EBD) Waiver: Life Skills Training * Elderly, Blind, and Disabled (EBD) Waiver: Medication Reminder * Elderly, Blind, and Disabled (EBD) Waiver: Non-Medical Transportation * Elderly, Blind, and Disabled (EBD) Waiver: Peer Mentorship * Elderly, Blind, and Disabled (EBD) Waiver: Personal Care * Elderly, Blind, and Disabled (EBD) Waiver: Personal Emergency Response System * Elderly, Blind, and Disabled (EBD) Waiver: Respite Care * Elderly, Blind, and Disabled (EBD) Waiver: Transition Set Up | * Supported Living Services (SLS) Waiver: Assistive Technology * Supported Living Services (SLS) Waiver: Behavioral Services * Supported Living Services (SLS) Waiver: Consumer Directed Attendant Support Services (CDASS) * Supported Living Services (SLS) Waiver: Day Habilitation Services Specialized Habilitation * Supported Living Services (SLS) Waiver: Day Habilitation Services Supported Community Connections * Supported Living Services (SLS) Waiver: HCBS Dental Services * Supported Living Services (SLS) Waiver: Health Maintenance Activities * Supported Living Services (SLS) Waiver: Home Delivered Meals * Supported Living Services (SLS) Waiver: Home Modifications * Supported Living Services (SLS) Waiver: Homemaker Services * Supported Living Services (SLS) Waiver: Life Skills Training * Supported Living Services (SLS) Waiver: Mentorship * Supported Living Services (SLS) Waiver: Non-Medical Transportation * Supported Living Services (SLS) Waiver: Peer Mentorship * Supported Living Services (SLS) Waiver: Personal Care Services * Supported Living Services (SLS) Waiver: Personal Emergency Response System * Supported Living Services (SLS) Waiver: Prevocational Services * Supported Living Services (SLS) Waiver: Hippotherapy * Supported Living Services (SLS) Waiver: Massage * Supported Living Services (SLS) Waiver: Movement Therapy * Supported Living Services (SLS) Waiver: Respite Services * Supported Living Services (SLS) Waiver: Specialized Medical Equipment and Supplies * Supported Living Services (SLS) Waiver: Supported Employment * Supported Living Services (SLS) Waiver: Transition Set Up * Supported Living Services (SLS) Waiver: Vehicle Modifications * Supported Living Services (SLS) Waiver: Vision Services |

| **Children’s Waivers** | |
| --- | --- |
| * Children with Life Limiting Illness (CLLI) Waiver: Counseling and Bereavement Services * Children with Life Limiting Illness (CLLI) Waiver: Expressive Therapy * Children with Life Limiting Illness (CLLI) Waiver: Massage Therapy * Children with Life Limiting Illness (CLLI) Waiver: Palliative and Supportive Care * Children with Life Limiting Illness (CLLI) Waiver: Respite Care Services * Children with Life Limiting Illness (CLLI) Waiver: Therapeutic Life Limiting Illness Support | * Children's Extensive Support (CES) Waiver: Adaptive Therapeutic Recreational Equipment and Fees * Children's Extensive Support (CES) Waiver: Assistive Technology * Children's Extensive Support (CES) Waiver: Community Connector * Children's Extensive Support (CES) Waiver: Home Accessibility Adaptations * Children's Extensive Support (CES) Waiver: Homemaker Services * Children's Extensive Support (CES) Waiver: Parent Education * Children's Extensive Support (CES) Waiver: Hippotherapy * Children's Extensive Support (CES) Waiver: Massage Therapy * Children's Extensive Support (CES) Waiver: Movement Therapy * Children's Extensive Support (CES) Waiver: Respite Care * Children's Extensive Support (CES) Waiver: Specialized Medical Equipment & Supplies * Children's Extensive Support (CES) Waiver: Vehicle Adaptations * Children's Extensive Support (CES) Waiver: Youth Day |
| * Children's Habilitation Residential Program (CHRP) Waiver: Community Connector Services * Children's Habilitation Residential Program Waiver (CHRP) Waiver: Habilitation Services * Children's Habilitation Residential Program (CHRP) Waiver: Cognitive Services * Children's Habilitation Residential Program (CHRP) Waiver: Communication Services * Children's Habilitation Residential Program (CHRP) Waiver: Emergency Assistance Training * Children's Habilitation Residential Program (CHRP) Waiver: Independent Living Training * Children's Habilitation Residential Program (CHRP) Waiver: Personal Care Services * Children's Habilitation Residential Program (CHRP) Waiver: Self- Advocacy Training * Children's Habilitation Residential Program (CHRP) Waiver: Supervision Services * Children's Habilitation Residential Program (CHRP) Waiver: Travel Services * Children's Habilitation Residential Program (CHRP) Waiver: Hippotherapy * Children's Habilitation Residential Program (CHRP) Waiver: Massage * Children's Habilitation Residential Program (CHRP) Waiver: Movement Therapy * Children's Habilitation Residential Program (CHRP) Waiver: Respite Services * Children's Habilitation Residential Program (CHRP) Waiver: Intensive Support Services * Children's Habilitation Residential Program (CHRP) Waiver: Wraparound Facilitator and Wraparound Plan * Children's Habilitation Residential Program (CHRP) Waiver: Prevention/Monitoring * Children's Habilitation Residential Program (CHRP) Waiver: Child & Youth Mentorship * Children's Habilitation Residential Program (CHRP) Waiver: Transition Support Services * Children's Habilitation Residential Program (CHRP) Waiver: Wraparound Facilitator and Wraparound Plan * Children's Habilitation Residential Program (CHRP) Waiver: Prevention and Monitoring * Children's Habilitation Residential Program (CHRP) Waiver: Child & Youth Mentorship * Children's Home and Community-Based Services (CHCBS) Waiver: Case Management Services | * Children's Home and Community-Based Services (CHCBS) Waiver: In-Home Support Services |