

(MI Choice Waiver/PACE Letterhead)

Advance Action Notice

Date:

Name:

Address: City, State, Zip code

Dear _____:

This notice is to inform you that a Level of Care Determination (LOCD) conducted on [date], determined that you no longer meet the functional eligibility requirement for Medicaid long-term care services. LOCD functional eligibility will be terminated effective [date: notice date plus 10 days]. Your previously authorized services will continue until the effective date. If you appeal this action prior to the effective date, your previously authorized services will continue until the appeal is resolved. The legal basis for this decision is 42 CFR 440.230(d). Enclosed you will find a copy of your LOCD.

If you do not agree with this action, **you may do either or both of the following:**

REQUEST A SECONDARY REVIEW: You have a right to request a *Secondary Review* from the iMPROve Health. This review will look at the same information we used, as well as other possible needs you may have. To request a Secondary Review, contact iMPROve Health *within 3 (three) business days* following the receipt of this notice at 800-727-7223.

REQUEST AN APPEAL (MEDICAID FAIR HEARING): You have a right to a Medicaid Fair Hearing. You have *90 calendar days* from the date of this notice to request a Medicaid Fair Hearing by mail or fax. The request must be in writing and signed by you or a person authorized to sign for you. To request a Medicaid Fair Hearing, complete a "*Request for an Administrative Hearing*" (DCH-0092) form and mail it to:

Request for Administrative Hearing
Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
PO Box 30763
Lansing, Michigan 48909

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Or fax it to:

FAX NUMBER: 517-763-0146

If you have any questions, you can talk to *< staff person name >* at our agency or call the Michigan Long Term Care Ombudsman Program at 888-746-6465 for help understanding your options.

Sincerely,

<provider representative>

Attachments:

1. LOCD
2. Secondary Review – Exception Process Information Sheet
3. Request for an Administrative Hearing (DCH-0092) form