

**SEVERE DISABLING MENTAL ILLNESS  
HOME & COMMUNITY BASED SERVICES WAIVER  
LETTER OF NOTIFICATION – ADVERSE ACTION**

TO:	Name & Address	FROM:	Name, Address & Phone Number
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You are being denied admission to the Severe Disabling Mental Illness Home & Community Based Services Waiver program for the following reason(s):

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**OR**

You are being discharged from the Severe Disabling Mental Illness Home & Community Based Services Waiver program effective \_\_\_\_\_ :

Γ    A.    per your request.

Γ    B.    because of nursing facility or hospital placement.

Γ    C.    other (define): \_\_\_\_\_.

	Legal Basis for Action: ARM 37.90.420 42 CFR Part 431 Subpart E
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If you have any questions regarding this action or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. **(PLEASE READ PAGE TWO OF THIS NOTICE FOR YOUR FAIR HEARING RIGHTS).**

Name	Case Management Team	(Date)
Community Program Officer		(Date)

**REQUEST FOR FAIR HEARING**

I request a fair hearing for these reasons: \_\_\_\_\_

\_\_\_\_\_

I have an attorney:  YES  NO My attorney's name is: \_\_\_\_\_

Attorney's address: \_\_\_\_\_

Attorney's phone number: \_\_\_\_\_

(Claimant or Authorized Representative)	(Phone)	(Date)
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**IMPORTANT**

If you disagree with the determination stated on this form you may request a fair hearing before a hearing officer of the Board of Public Assistance.

Under certain circumstances you may continue to receive services during the period of your appeal. A request for continuation of services must be made prior to the date given in the notice of the change in, or termination of, your services. If you are interested in continuing to receive services during the period of your appeal, you must contact one of the community program officers listed below immediately to request continuation of services.

A request for fair hearing must be made in writing within 90 days of the mailing date of this notice. You may use the "Request for Fair Hearing" section on the front section of this form to make your request. A request for fair hearing must be directed to:

Hearing Officer  
P.O. Box 202951  
Helena, MT 59620

If you need assistance in preparing a request for fair hearing you may contact one of the community program officers listed below.

Prior to the fair hearing, a program officer for the Department will conduct an administrative review of the matters which you are appealing. The administrative review is an opportunity for you to informally present your case and for the Department to reconsider the matters that you are appealing.

The fair hearing is a process in which the parties formally present their legal arguments and evidence in support of their positions on the matters at issue. The decision of the hearing officer is made based on the evidence presented at hearing and upon the governing federal and state laws, regulations and policies. The decision of the hearing officer may be appealed to the Board of Public Assistance. The Board of Public Assistance reviews the matters at issue as presented before the hearing officer. This appeal does not involve another hearing. The decision of the hearing officer or the Board of Public Assistance resolves the matters at issue and is binding upon the parties unless an appeal is made to state district court.

**COMMUNITY PROGRAM OFFICERS – ADDICTIVE AND MENTAL DISORDERS DIVISION**

Community Program Officer  
2121 Rosebud Dr, Ste D17  
Billings, MT 59102  
Phone: 655-7622

Big Horn, Carbon,  
Stillwater, Sweet Grass  
Yellowstone

Community Program Officer  
201 1<sup>st</sup> Street S, Ste 3, Rm 165  
Great Falls, MT 59405  
Phone: 454-6078

Blaine, Cascade, Choteau,  
Glacier, Hill, Liberty,  
Pondera, Teton, Toole, Phillips,  
Lewis and Clark

Community Program Officer  
307 E Park, Rm 305  
Anaconda, MT 59711  
Phone: 496-4989

Beaverhead, Deer Lodge,  
Granite, Silver Bow, Powell,  
Jefferson