

HCBS/TBI Waiver Notice of Action

Date of Notice:

<p><u>TO</u></p> <p>Attention:</p>	<p><u>FROM</u></p> <p>Agency:</p> <p>Address:</p> <p>Phone:</p>
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Medicaid ID Number:

Service & Procedure Code	Provider Name	Dates of Services		I, C, D
		From	Thru	

CLIENT OBLIGATION: \$

COMMENTS, MESSAGE OR EXPLANATION OF ACTION

Your Plan of Care will be reviewed by you and your case manager as needed, and yearly by the Kansas Medicaid Fiscal Agent.

Effective _____, your Home & Community Based TBI Waiver Services have been implemented (I), changed (C) or discontinued (D) as indicated above.

Reason:

Regulatory Reference(s) _____. You may contact your case manager at the phone number above. Please read the back of this form carefully.

Case Manager:

HCBS/TBI Waiver Consumer Rights & Responsibilities

Right to Request a Fair Hearing (appeal a decision): If you have any questions about the action taken or if you want more information considered before the planned action is taken, discuss these matters with an agency representative. If you remain dissatisfied, you have the right to request a fair hearing through the State of Kansas' Department of Administration's Office of Administrative Hearings (OAH). Your request must be received, in writing, within 30 days of receiving this notice of action (an additional three days is given for mailing time) to the following address:

Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612-1327
Telephone: 785.296.2433
Fax: 785.296.4848

The agency that sent you this NOA will explain the hearing process and supply you with the necessary forms upon your request. You may also contact your local SRS office for this information. You may have legal counsel or other representation at the hearing. If a request for a fair hearing is received prior to the effective date of action, assistance may continue at the current level pending a decision; however, any overpayment from a continuation may be recovered if the decision is not in your favor. If you are dissatisfied with a fair hearing decision, you may request a review of the decision by the state appeals committee. For further information on the fair hearing process, see the following web site at:
<http://www.srskansas.org/hcp/css/appeals.html>.

Civil Rights: No person shall, on the grounds of race, color, national origin, age, disability, religion, or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of the Department of Social and Rehabilitation Services. If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to the Kansas Department of Social and Rehabilitation Services or the United States Department of Health and Human Services.

Reporting to Case Manager: You are required to report any change that will affect the amount, location, or the date of payment for any of your services. For example, if you plan to move, are admitted to the hospital, nursing facility, or will be away from home long enough for changes to occur in the reimbursement of your services, the case manager must be informed to ensure reimbursement is made appropriately and timely for your services.

Reporting to your SRS eligibility worker: You are required to report any change in income, resources, or living arrangements to your Social and Rehabilitation Services eligibility worker.

Your Rights and Responsibilities as a Medicaid Applicant/Recipient:

1. You have the right to have your eligibility for Medicaid services determined within 45 days.
2. You have the right to services which are provided to persons in your category of eligibility in accordance with the Medicaid state plan, based on the availability of services and fiscal limitations.
3. You have the right to a fair hearing if you are dissatisfied with any adverse decision made regarding your services.
4. You have the right to receive equal treatment as compared to other applicants/recipients who are in similar situations.
5. You have the responsibility to report all changes in circumstances to your case manager and local SRS office (including income, hospitalization, living arrangements, etc.) which may affect your Medicaid application, eligibility, and/or subsequent services.
6. You have the responsibility to cooperate in any current and subsequent efforts to establish your Medicaid and related program eligibility.
7. You have the responsibility to pay your share of service costs, if applicable, in accordance with your assigned Medicaid client obligation.
8. You have the responsibility to participate in any reviews or audits of your level of care and/or services by the Medicaid fiscal agent, SRS personnel, or your case management agency.