

Your Fair Hearing Rights

As a Medicaid Waiver Program client, you have a right to appeal any action that affects your services in a negative way. The appeal is called a fair hearing.

You must be notified in writing about any intended reduction, suspension or termination of your services 10 days before a change is made. After being notified, you have up to 90 days to ask for a fair hearing.

If you ask for a fair hearing within 10 days after being notified, your services will not be changed until the fair hearing officer has heard your appeal. If the hearing officer decides you were not allowed to have the services, you may be asked to pay for the services.

If you want to ask for a fair hearing, call or write to:

The Office of Appeal Hearings
1317 Winewood Boulevard
Building 5, Room 203
Tallahassee, FL 32399-0700
(850) 488-1429

If you like, your Case Manager will help you with the fair hearing request. You have a right to go to the hearing. You may speak for yourself, hire an attorney, or get other persons to help you. You will be told of the hearing decision in writing.

I, _____, have been given a copy of this document.

Client Signature

Date

Witness Signature