

**NOTICE OF DECISION TO AUTHORIZE/REAUTHORIZE  
INCREASE OR DENY HOME CARE SERVICES  
THROUGH THE LIMITED LICENSED HOME CARE SERVICES AGENCY(LLHCSA)**

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME AND ADDRESS		GENERAL TELEPHONE No. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Fair Hearing Information and assistance _____ Record Access _____ Legal Assistance Information _____		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

Your request for having Injectable Medications and/or Sterile Dressing Changes provided by a registered professional nurse and/or Personal Care Services has been assessed and the following determination has been made:

**Check one:**

**AUTHORIZED**

**REAUTHORIZED**

You will receive services in the amount of \_\_\_\_hrs./week. Your services will be provided by a home care agency operated by the adult home or enriched housing program in which you reside or by a certified home health agency when third party benefits, such as Medicare, are available.

**INCREASED**

Your services are presently approved at \_\_\_\_hrs/wk., you will now receive \_\_\_\_hrs./wk. effective \_\_\_\_\_ because: \_\_\_\_\_

**DENIED**

Your request for services has been denied because: \_\_\_\_\_

THE REGULATION WHICH ALLOWS US TO DO THIS IS 18 NYCRR 505.14.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

1. **TELEPHONE:** (212) 417-6550 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)
2. **FAX:** Sending a copy of this notice to (518) 473-6735
3. **WALK-IN:** Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 80 Centre Street, 3rd Floor, New York, New York.
4. **MAIL:** By sending a copy of this notice completed to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, New York 12201. Please keep a copy for yourself.

If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

I want a fair hearing. The Agency's action is wrong because:

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Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Case Number \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR RECORDS AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will send you with free copies of the documents from your file which we will give to the fair hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within three working days of when you ask for them, your case file documents may be given to you at the hearing.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.