

**NOTICE OF INTENT TO DENY PERSONAL CARE SERVICES OR HOME HEALTH AIDE SERVICES IN THE LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">[</span> </div>		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.

**THIS IS TO INFORM YOU THAT WE INTEND TO TAKE THE FOLLOWING ACTION ON YOUR HOME HEALTH AIDE SERVICES AND/OR PERSONAL CARE SERVICES IN THE LONG TERM HOME HEALTH CARE PROGRAM.**

**DENY YOUR REQUEST FOR HOME HEALTH AIDE SERVICES ORDERED BY YOUR PHYSICIAN**

Your physician wants you to receive the following home health aide services (list hours and frequency):

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Even though your physician wants you to receive these services, we are denying these services because:

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**DENY YOUR REQUEST FOR PERSONAL CARE SERVICES ORDERED BY YOUR PHYSICIAN**

Your physician wants you to receive the following personal care services (list hours and frequency):

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Even though your physician wants you to receive these services, we are denying these services because:

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The law and/or regulation which allows us to do this is 18 NYCRR 505.21; Stipulation of settlement in Simmons v. DeBuono (Sup Co., Erie Cty. 2000)

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**

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**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.

**STATE FAIR HEARING**

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

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing in **writing, by phone, by fax or in person.**

**Writing:** Send a copy of this notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. (Please keep a copy for yourself).

**Phoning:** (212) 417-6550 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Sending a copy of this notice to (518) 473-6735

**Walk-in:** Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 14 Boerum Place, 1<sup>st</sup> Fl., Brooklyn, New York or 330 W. 34<sup>th</sup> Street, 3<sup>rd</sup> Fl., NY, NY.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

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

**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, pay stubs, receipts, medical bills, heating 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 front of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** 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 provided to you within three working days of when you ask for them. If your hearing is within three working days of when you ask for the documents, they will 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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.