

# STATE OF COLORADO



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 (XXX) XXX-XXXX

Date and time of eligibility determination:

	<b>Approval: Your application has been approved for the following individual(s).</b>		
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date
<b>Additional Information:</b>			
<b>Supporting Rule:</b>			

	<b>Denial: Your application has been denied for the following individual(s).</b>	
Benefit Category	Individual Name and Medical Assistance ID	Application Date
<b>Reason:</b>		
<b>Supporting Rule:</b>		

	<b>Change(s) have been made for the following individual(s).</b>	
Benefit Category	Individual Name and Medical Assistance ID	Effective Date/Month
<b>Reason:</b>		
<b>Supporting Rule:</b>		

	<b>Termination: Benefits will end for the following individual(s).</b>	
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date



**Termination: Benefits will end for the following individual(s).**

**Reason:**

**Supporting Rule:**

## You have the right to a fair hearing if you disagree with the decision

Your right to appeal	<p>If you think any part of this decision is wrong, you may ask for (1) a State Hearing (2) a County or Medical Assistance (MA) site conference or (3) both.</p>
Continuation of Benefits	<p>If this notice says that your benefits will stop and you want your benefits to continue while you appeal, you must ask for a county conference or a State Hearing before the effective date of the action. This date is shown on the first page of this notice. Your benefits will then continue until a final agency decision is made. If you lose your appeal, you may have to pay back any continued benefits you have received. You may request in writing that your benefits stop while you appeal. If you choose to stop getting your benefits, and you win your appeal, your lost benefits will be given back to you. Contact the worker shown on page 1 of this notice for further information.</p> <p>If your benefits end, you may reapply at any time.</p>
County or Medical Assistance Conference	<p>You may request an informal meeting (conference) with county staff, other than the worker taking the action, to go over your case with you. If you want a county conference you need to: (1) send or take a letter to your county worker as shown on page 1 of this notice; (2) include the following information in the letter: your name, your mailing address, your daytime telephone number and either a copy of this notice or the "Case ID" number at the bottom of each page of this letter; (3) your request must be received before the effective date on page 1 of this notice. Be sure to keep a copy of your request for your records.</p> <p>At a county conference you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.</p>
State Hearing	<p>You may ask for a formal hearing with an Administrative Law Judge. Your request must be received within 30 calendar days from the date and time of eligibility determination on page one of this notice, even if you have asked for a county conference. To ask for this State Hearing you need to either (1) sign this notice and send or fax it to the Office of Administrative Courts or (2) send or fax a letter that includes your name, your mailing address, your daytime telephone number, the reason you are appealing, and a copy of this notice to the Office of Administrative Courts. The letter must be received by the Office of Administrative Courts no later than thirty (30) calendar days from the date of this notice of action. The address and fax number of the Office of Administrative Courts is:</p> <p>Office for Administrative Courts 633 Seventeenth St, Suite 1300 Denver, Colorado 80202 Phone # 303-866-2000 Fax # 303-866-5909</p>

	<p>If your request for a State Hearing is not received within 30 calendar days from the date of the notice of action, you may lose your right to a State Hearing. The Office of Administrative Courts will contact you by mail with the date, time and place for your State Hearing.</p> <p>At a State Hearing you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.</p>
Legal help	<p>If you want to apply for free legal help, call Colorado Legal Services' Denver office at 303-837-1313 or contact your local Colorado Legal Services office.</p>
Non Discrimination Policy	<p>Federal law prohibits discrimination. If you believe that you have been treated unfairly because of race, color, sex, age, religion, political belief, national origin, mental or physical disability, you have a right to complain to your County Department of Human Services, the Colorado Department of Human Services (Adult Financial Services, Colorado Works, Food Assistance) or the Colorado Department of Health Care Policy and Financing (Medicaid programs or CHP+). You can also write a letter of complaint to the Federal government at the following addresses:</p> <p>Office for Civil Rights Region VIII U.S. Dept of Heath &amp; Human Services 999 18<sup>th</sup> St., Suite 417 Denver, CO 80202 1-800-368-1019 TDD 1-800-537-7697</p> <p>U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F Washington, DC 20201 (800) 368-1019</p> <p>If you have a disability, as defined by the Americans with Disabilities Act, you may have rights under the Americans With Disabilities Act (ADA). Contact your county or Medicaid Application site for more information.</p> <p>If you are deaf, hard of hearing or have a disability that affects your speech and use a TTY, you can call Relay Colorado at 1-800-659-3656.</p>

<p>Medical Assistance Estate Recovery Program</p>	<p>The Medicaid Program may recover the cost of Medicaid services from the estates of deceased Medicaid clients who were institutionalized or were over the age of 55 when Medicaid benefits were provided, with certain exceptions. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure or see Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State Law C.R.S. Section 25.5-4-302.</p>
<p>Connect for Health Colorado</p>	<p>If you have been denied or your benefits have been terminated for Medical Assistance, you may be eligible to purchase commercial health insurance through Connect for Health Colorado at a reduced cost, based on the information we've received from State and Federal data sources. Connect for Health Colorado is a new marketplace for individuals, families and small employers in Colorado to shop for health plans and to access new federal tax credits that can reduce monthly premiums and out of pocket costs. Visit the Connect for Health Colorado website, <a href="http://www.connectforhealthco.com">www.connectforhealthco.com</a>, to create an account and receive an eligibility assessment. If you have questions please visit <a href="http://www.connectforhealthco.com">www.connectforhealthco.com</a> or call 1-855-PLANS 4 YOU (1-855-752-6749).</p>
<p>Colorado PEAK Website</p>	<p>You can now go online at any time to manage your benefits account at <a href="http://www.colorado.gov/PEAK">www.colorado.gov/PEAK</a>. You will need to have your case number available. It is the "Case ID" at the bottom of each page of this letter. On Colorado PEAK, you can:</p> <ul style="list-style-type: none"> <li>• See what benefits you have and when they will need to be renewed</li> <li>• Report changes like a new address, change in income, or a change in the number of people in your house</li> </ul>