



AGING & DISABILITY RESOURCE CENTER
NOTICE OF ADVERSE BENEFIT DETERMINATION

Mailing Date: Click or tap to enter a date

Enter Customer Name

Enter Street Address

Enter City, State, and Zip Code

Dear Click or tap here to enter text:

Thank you for contacting the Aging and Disability Resource Center of insert ADRC name. We completed an Adult Long-Term Care Functional Screen (LTCFS) to determine your functional eligibility for Wisconsin's Long-Term Care Programs. The results of your screen indicate that you are:

- Functionally ineligible
- Non-nursing home level of care

Based upon your results, you are:

- Not functionally eligible for any of the long-term care programs at this time.
- Eligible to enroll in Family Care and receive a limited benefit package *if* you meet financial eligibility requirements.

It is important that you contact us if your health or ability to do everyday activities changes so we can reassess your functional eligibility and/or assist you in getting the help that you need.

If you believe that an error has occurred in your functional eligibility determination, please contact the ADRC or select from the options described in the following pages of this notice.

Sincerely,

ADRC Staff Name

ADRC of Eagle Country
1-877-794-2372 www.adrceagle.com

Crawford County
225 N Beaumont Rd., Suite 117
Prairie du Chien, WI 53821
Phone: 608-326-0235
Fax: 608-326-1150
ccadrc@crawfordcountywi.org

Juneau County
200 Hickory St.
Mauston, WI 53948
Phone: 608-847-9371
Fax: 608-847-9442
jcadrc@co.juneau.wi.us

Richland County
221 W Seminary St.
Richland Center, WI 53581
Phone: 608-647-4616
Fax: 608-647-6611
resctr@co.richland.wi.us

Appeal Rights and Information

1. How to appeal this decision

If you disagree with this decision you can contact the ADRC:

ADRC Name

ADRC Address

ADRC Phone Number

ADRC Fax Number

ADRC Email Address

2. Request a Fair Hearing

You have the right to ask for the state fair hearing if you do not agree with the decision. If you ask for a state fair hearing, you will have a hearing with an independent Administrative Law Judge (ALJ). You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony at the hearing.

You can get the hearing request form from the ADRC, from one of the independent ombudsman agencies listed at the end of this notice or online at www.dhs.wisconsin.gov/library/f-00236a.htm.

Send the completed request form or a letter asking for a hearing and copy of this notice to:

ADRC Request for Fair Hearing

Wisconsin Division of Hearing and Appeals

PO Box 7875

Madison, WI 53707-7875

Fax: 608-264-9885

Important Note: You have 45 days from the date of this notice to request a fair hearing.

3. Who can help you under this notice and your rights?

The Aging and Disability Resource Center can inform you of your rights, try to informally resolve your concerns, and assist you in filing a request for fair hearing.

You may also receive assistance from an independent ombudsman. The following agencies advocate for individuals:

Age 18 to 59:

Disability Rights Wisconsin

Toll Free: 1-800-928-8778

TTY: 711

Age 60 and older:

Wisconsin Board on Aging and Long-Term Care

Toll Free: 1-800-815-0015

TTY: 711

4. Copy of your file

You have the right to a free copy of the information in your file related to this decision. Information means all documents, medical records, and other materials related to this decision. If you decide to appeal this decision, you the right to any new or additional information the ADRC gathered during your appeal. To request a copy of your file, contact the ADRC at
Insert Phone Number