



Letter Date

DLN

CLIENT NAME
[CARE OF PARENT NAME (IF CLIENT IS CHILD)]
MAILING ADDRESS
CITY, STATE, ZIP

Subject: Termination of Services in the Community Living Assistance and Support Services Program, with Advance Notice

Dear [Client Name]:

Medicaid Number:

The Health and Human Services Commission (HHSC) will end your Community Living Assistance and Support Services (CLASS) program services on [effective termination date, at least 10 days from letter sent date] for the reason(s) below:

[Reason(s) – Free form text]

You may appeal this decision.

- If you want to appeal this decision, your Case Management Agency (CMA) can help you request a fair hearing.
- You can check the "Request for Appeal" box at the bottom of this letter, sign your name, enter the date and return this notice to your CMA at [insert CMA mailing address]. You can also make this request in person at [insert CMA physical address] or by phone at [insert CMA phone number].
- If you submit your request for a fair hearing on or before [Date + 10 calendar days from letter sent date], you will keep getting the services you get now until your appeal is decided.
- If you don't ask for a fair hearing by [Date + 10 calendar days from letter sent date], your services will end on that date.

[Name]

[Date]

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- If you don't ask for a fair hearing on or before [Date + 90 calendar days from letter sent date], you may lose the right to appeal this decision.
- If you ask for a fair hearing, you can represent yourself. You can also choose a relative, friend, lawyer or other person to act on your behalf. You may have to pay for the person to represent you. To find out if there is free legal help in your area, call 2-1-1.

Rules HHSC used to make this decision:

- [TAC Rule Number] [TAC plain language summary]
 - [Actual TAC language]

If you have any questions, please call HHSC at 512-438-2484.

REQUEST FOR APPEAL	
<input type="checkbox"/> I file this as my appeal and want a fair hearing before an HHSC hearings officer.	
_____	_____
Signature – Applicant/Legally Authorized Representative	Date

cc: <<LAR (if applicable)>>