



**Subject: Loss of Financial Eligibility for the CLASS Program**

The Health and Human Services Commission (HHSC) has found the following individuals are no longer financially eligible for the Community Living Assistance and Support Services (CLASS) program:

[Client Names]

HHSC will end their CLASS program services because they don't get Supplemental Security Income (SSI) cash benefits or aren't financially eligible for Medicaid.

**Tell your clients about this decision.**

We attached a notice for each individual about the end of their CLASS program services and their right to appeal this decision. You must send these notices to your clients within one business day.

- Deliver the notices to the individuals and their legally authorized representatives (LARs) by mail, fax or in person. Be prepared to explain the contents of the notice to your clients and their right to a fair hearing.
- On the notices, enter their current mailing address and include your mailing address and phone number. When you send the notices, don't include this coversheet.

**Send all fair hearing requests to HHSC.**

If your client or their LAR tells you they want a fair hearing, you must inform HHSC of their request within two business days.

- You must complete Form 4800-D, HHSC Fair Hearing Request Summary (attached).
- Your client or their LAR must sign the request box at the bottom of the termination notice.

You must fax the completed Form 4800-D and signed termination notice to 512-438-5693.

**Help your clients keep their CLASS program services.**

You must help these individuals re-establish their financial eligibility for the CLASS program:

- Contact them to check the status of their financial eligibility every two weeks.

- Provide assistance as needed until financial eligibility is re-established or services end.

July 11, 2023

«Client\_First\_Name» «Client\_Last\_Name» «Auth\_Agent\_Name» «Auth\_Agent\_ID»  
«Client\_Num» Case Manager: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Termination Notice for Community Living Assistance and Support Services Program**

The Health and Human Services Commission (HHSC) has found you aren't financially eligible for the Community Living Assistance and Support Services (CLASS) program. HHSC will end your CLASS program services because you don't get Supplemental Security Income (SSI) or you aren't eligible for Medicaid.

**Your CLASS program services will end on [DATE, 10 days after loss of financial eligibility].**

**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 on or before [Date + 90 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 we used to make this decision:**

- [TAC reasons]

If you have questions, call your case manager at the phone number above.

REQUEST FOR APPEAL

I file this as my appeal and want a fair hearing before an HHSC hearings officer.

\_\_\_\_\_  
Signature – Applicant/Legally Authorized Representative

\_\_\_\_\_  
Date