

1915(i) Policy

Fair Hearings and Appeals

The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

The North Dakota Department of Human Services provides an opportunity for an appeal to any person whose claim for assistance is denied or not acted upon promptly, or if action is taken to suspend, terminate, or reduce services. Persons may request a hearing if they believe the Department made an error in rejecting a request for services.

A request may be submitted to the contact information identified below by telephone, mail, in person, email, fax, or online. A request for a fair hearing must be postmarked or received by the Appeals Supervisor within 30 calendar days of the date of the adverse decision notice.

Contact Information:

Appeals Supervisor

North Dakota Department of Human Services

600 East Blvd. Ave. - Dept. 325

Bismarck, ND 58505-0250

Phone: (701) 328-2311

Toll Free: (800) 472-2622

ND Relay TTY: (800) 366-6888

Fax: (701) 328-2173

Email: dhslau@nd.gov

Online: www.nd.gov/dhs/misc/clientrights.html

If the Department's decision reduces, suspends, or terminates a service a client is already receiving and they request a hearing within 10 days of the date of the notice, the action will not be taken until after the hearing decision unless:

- a. a notice is not required,
- b. they withdraw the request for a hearing,
- c. they do not appear at a scheduled hearing, or
- d. it is decided at the hearing that the only issue in the appeal is one of federal or state law or department policy.

If the hearing decision is not in their favor, the total additional cost of those services will be considered an overpayment, and the client will be responsible to pay those costs.

The purpose of a hearing is to give the client an opportunity to show that the action disputed was due to an error on the part of the Department. Established program limits are a matter of federal law or state law or Department policy and are not errors.

If the client claims there is a medical necessity for services that have been denied, reduced, suspended, or terminated, they must provide sufficient medical evidence to show the Department made a mistake.

Any person who believes they have been discriminated against because of race, color, religion, sex, national origin, age, political beliefs, handicap, or status with respect to marriage or public assistance, may file a written complaint with the Local Human Service Zone Office (formally known as County Social Service Office); the North Dakota Department of Human Services for Civil Rights; or the Office of Civil Rights, Department of Health and Human Services, Centers for Medicare and Medicaid Services, 1600 Broadway, Suite 700, Denver, CO 80202-4967, Phone (303) 844-2111.

The client may have an attorney, relative, friend, or other person assist with the hearing. If the client does not have money to pay for an attorney, they may contact a free legal service organization. The North Dakota Department of Human Services has a listing of legal aid organizations. Request a list of legal aid organizations or instructions on how to request a hearing by telephoning 1-800-755-2604, extension 2430.

Contact the Managed Care Organization for policy relating to 1915i Expansion members.