

Date

Recipient Name

Address 1

Address 2

City, State Zip

Regarding: Supports Intensity Scale (SIS) Score and Notice of Right to Fair Hearing

Medicaid Number: XXX-XX- {insert last four of SSN}

Dear {insert Recipient Name}:

Enclosed is a package containing the results of your SIS assessment. This assessment was conducted in accordance with 8.314.5.13 NMAC. A copy of the completed SIS assessment procedures checklist is included with this letter.

If you do not agree that the SIS process was followed in accordance with the enclosed procedures, you have two options:

Ask for another SIS assessment: Within 30 calendar days from the date of this letter, you may request a second SIS assessment. If you request a second SIS assessment, you understand that the score from the first SIS assessment will no longer be used and you cannot choose between the scores. You will have fair hearing rights if you disagree with the process used to conduct the second SIS assessment and you will be notified in writing of those rights when the second SIS score is sent to you.

Ask for a Fair Hearing per 8.314.5.18 NMAC: Within 90 days from the date of this letter, you may request a Fair Hearing. To be on time, the Fair Hearing request must be received by the Human Services Department (HSD) Fair Hearings Bureau, or the Division of Developmental Disabilities (DDSD) no later than the close of business on the 90th day. Hearings are completed and a written decision is made within 90 days from the date that the HSD Fair Hearings Bureau receives the hearing request. See State Regulations 8.352.2.12 NMAC. You can represent yourself at a hearing or

you can have a friend, relative, attorney, or other person represent you. You have the right to look at your case record and other proof used to make our decision.

In order to continue to receive the same Medicaid services previously approved on your budget while the hearing process goes forward, the request for a Fair Hearing and continuation of benefits must be received by the HSD Hearing Bureau or the Developmental Disabilities Supports Division (DDSD) no later than the close of business on the 13th calendar day from the date on this letter. If you ask for a hearing within 13 calendar days and continue to receive the same Medicaid services but the final hearing decision favors HSD or the contractor, you may have to repay HSD for the cost of those services (See State Regulations 8.352.2.16 NMAC).

A Fair Hearing can be requested by phone or in writing.

The Fair Hearing request phone number is:

(505) 476-6213 or (800) 432-6217, press option 6.

The Fair Hearing mailing address is:

*New Mexico Human Services Department
Fair Hearings Bureau
P.O. Box 2348
Santa Fe, New Mexico 87504-2348
Fax #: (505) 476-6215*

If you have any further questions about this letter, please call.

Comment [k1]: Need contact number. Would it be DDSD?

Sincerely,

Cc:

**SI USTED NECESITA ESTA NOTICIA EN ESPANOL, POR FAVOR
LLAME A ESTE NUMERO**

Comment [k2]: Need number

Date

Recipient Name

Address 1

Address 2

City, State Zip

Regarding: Supports Intensity Scale (SIS) Score and Notice of Right to Fair Hearing

Medicaid Number: XXX-XX- {insert last four of SSN}

Dear {insert Recipient Name}:

Enclosed is a packet containing the results of your second SIS assessment. This assessment was conducted in accordance with 8.314.5.13 NMAC. A copy of the SIS assessment procedures checklist is included with this letter.

If you do not agree that the second SIS process was followed in accordance with the enclosed procedures, you may ask for a Fair Hearing per 8.314.5.18 NMAC: Within 90 days from the date of this letter, you may request a Fair Hearing. To be on time, the Fair Hearing request must be received by the Human Services Department (HSD) Fair Hearings Bureau, or the Division of Developmental Disabilities (DDSD) no later than the close of business on the 90th day. Hearings are completed and a written decision is made within 90 days from the date that the HSD Fair Hearings Bureau receives the hearing request. See State Regulations 8.352.2.12 NMAC. You can represent yourself at a hearing or you can have a friend, relative, attorney, or other person represent you. You have the right to look at your case record and other proof used to make our decision.

In order to continue to receive the same Medicaid services previously approved on your budget while the hearing process goes forward, the request for a Fair Hearing and continuation of benefits must be received by the HSD

Hearing Bureau or the Developmental Disabilities Supports Division (DDSD) no later than the close of business on the 13th calendar day from the date on this letter. If you ask for a hearing within 13 calendar days and continue to receive the same Medicaid services but the final hearing decision favors HSD or the contractor, you may have to repay HSD for the cost of those services (See State Regulations 8.352.2.16 NMAC).

A Fair Hearing can be requested by phone or in writing.

The Fair Hearing request phone number is:

(505) 476-6213 or (800) 432-6217, press option 6.

The Fair Hearing mailing address is:

New Mexico Human Services Department

Fair Hearings Bureau

P.O. Box 2348

Santa Fe, New Mexico 87504-2348

Fax #: (505) 476-6215

If you have any further questions about this letter, please call.

Comment [k1]: Need contact number. Would it be DDSD?

Sincerely,

Cc:

**SI USTED NECESITA ESTA NOTICIA EN ESPANOL, POR FAVOR
LLAME A ESTE NUMERO**

Comment [k2]: Need number.

Date

Recipient Name

Address 1

Address 2

City, State Zip

Regarding: Supports Intensity Scale (SIS) Score and Notice of Right to Fair Hearing

Medicaid Number: XXX-XX- {insert last four of SSN}

Dear {insert Recipient Name}:

We sent you a packet on containing the results of your SIS assessment, which is NM SIS Group X. This assessment was conducted in accordance with 8.314.5.13 NMAC. A copy of the SIS assessment procedures checklist is included with this letter.

Comment [k1]: Is it possible to fill in date of SIS transmittal?

Comment [k2]: Fill this in to remind them of the group.

If you do not agree that the SIS process was followed in accordance with the enclosed procedures, you have two options:

Ask for another SIS assessment: Within 30 calendar days from the date of this letter, you may request a second SIS assessment. If you request a second SIS assessment, you understand that the score from the first SIS assessment will no longer be used and you cannot choose between the scores. You will have fair hearing rights if you disagree with the process used to conduct the second SIS assessment and you will be notified in writing of those rights when the second NM SIS group is sent to you.

Ask for a Fair Hearing per 8.314.5.18 NMAC: Within 90 days from the date of this letter, you may request a Fair Hearing. To be on time, the Fair Hearing request must be received by the Human Services Department (HSD) Fair Hearings Bureau, or the Division of Developmental Disabilities (DDSD) no later than the close of business on the 90th day. Hearings are completed and a written decision is made within 90 days from the date that the HSD Fair Hearings Bureau receives the hearing request. See State

Regulations at 8.352.2.12 NMAC. You can represent yourself at a hearing or you can have a friend, relative, attorney, or other person represent you. You have the right to look at your case record and other proof used to make our decision.

In order to continue to receive the same Medicaid services previously approved on your budget while the hearing process goes forward, the request for a Fair Hearing and continuation of benefits must be received by the HSD Hearing Bureau or the Developmental Disabilities Supports Division (DDSD) no later than the close of business on the 13th calendar day from the date on this letter. If you ask for a hearing within 13 calendar days and continue to receive the same Medicaid services but the final hearing decision favors HSD or the contractor, you may have to repay HSD for the cost of those services (See State Regulations 8.352.2.16 NMAC).

A Fair Hearing can be requested by phone or in writing.

The Fair Hearing request phone number is:

(505) 476-6213 or (800) 432-6217, press option 6.

The Fair Hearing mailing address is:

*New Mexico Human Services Department
Fair Hearings Bureau
P.O. Box 2348
Santa Fe, New Mexico 87504-2348
Fax #: (505) 476-6215*

If you have any further questions about this letter, please call.

Sincerely,

Cc:

**SI USTED NECESITA ESTA NOTICIA EN ESPANOL, POR FAVOR
LLAME A ESTE NUMERO**

Comment [k3]: Need contact number. Would it be DDSD?

Comment [k4]: Need number.