



Money Follows the Person Notice of Right to Appeal a Decision

To: _____ Date: _____

If you disagree with a decision regarding your MFP transition services, you have a right to appeal the decision. You may request a fair hearing.

NOTICE OF YOUR RIGHT TO A HEARING

To request a hearing, you must ask for one in writing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter. With your written request, you must include a copy of this Notice of Right to Appeal a Decision. Your written request should be sent to the following address:

Department of Community Health
Legal Services Section
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303-3159

If this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify you of the time, place, and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member speak for you. You may also ask a lawyer for help. You may be able to get legal help at no cost. If you want a lawyer to help, you may call one of these numbers:

Georgia Legal Services Program

800-498-9469 (statewide legal services, except for the counties served by Legal Aid)

Georgia Advocacy Office

800-537-2329 (statewide advocacy for persons with disabilities or mental illness)

Atlanta Legal Aid

404-377-0701 (DeKalb/Gwinnett Counties), 770-528-2565 (Cobb County)

404-524-5811 (Fulton County), 404-669-0233 (S. Fulton/Clayton County)

State Ombudsman Office

866-552-4464 (Nursing Homes or Personal Care Homes)

MFP Field Personnel Signature

MFP Field Personnel (Print Name)

Telephone Number