

STATE OF MONTANA
Department of Public Health and Human Services

BIG SKY WAIVER (BSW)
Big Sky Waiver Program Approval Notice

Member Name and Address:

Why you are getting this notice:

This notice is to inform you that you have been enrolled in the BSW program effective ____/____/____.

If you have questions, please contact the local Case Management Team listed below:

Legal Basis: ARM 37.40.1401, .1426; BSW Application 03-04-2018. (See reverse side for Fair Hearing Rights)

STATE OF MONTANA
Department of Public Health and Human Services

BIG SKY WAIVER (BSW)
Big Sky Waiver Program Approval Notice

Member Name and Address:

IMPORTANT

If you disagree with the determination stated on this front of this form, you may request a fair hearing before an Administrative Law Judge of the Office of Fair Hearings. You must request a fair hearing in writing or complete information below, sign and mail to address listed below.

Under certain circumstances you may continue to receive services during the period of your appeal. A request for continuation of services must be made prior to the date given in the notice of the change in, or termination of, your services. If you are interested in continuing to receive services during the period of your appeal, you must indicate in your request for a fair hearing. Benefits provided to a claimant pending a hearing decision are subject to repayment by the claimant if the adverse action is sustained.

A request for a fair hearing must be made in writing within 90 days of the mailing date of this notice. You may use the "Request for Fair Hearing" section below to make your request. A request for fair hearing must be directed to: Department of Public Health and Human Services Office of Fair Hearing, PO Box 202953, Helena, MT 59620.

REQUEST FOR FAIR HEARING		
I am requesting a continuation of benefits during the period of the appeal if eligible: (<input type="checkbox"/>) YES (<input type="checkbox"/>) NO		
I request a fair hearing for the following reasons: _____		

I have an attorney: [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO My attorney's contact information (Name, Address & Phone Number) is:		

Claimant or Authorized Representative	Phone	Date

Prior to the fair hearing, a Department representative will conduct an administrative review of the matters which you are appealing. The administrative review is an opportunity to informally present your case and for the Department to reconsider the matters that you are appealing. The fair hearing is a process in which the parties formally present their legal arguments and evidence in support of their positions on the matters at issue. The decision of the Administrative Law Judge is made based on the evidence presented at the hearing and upon governing federal and state laws, regulations and policies. The decision of the Administrative Law Judge resolves the matters at issue and is binding upon the parties unless an appeal is made to state district court.