DPP-154A Cabinet for Health and Family Services

922 KAR 1:320 Department for Community Based Services (R. 6/2019)

Protection and Permanency Notice of Intended Action

Method of Delivery: \_ Mail \_ Hand Delivered Case Number: To:

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First Name M.I Last Name

Address Apt. # City State Zip Code

From: Name of DCBS Office Phone Number of DCBS Office

# This notice applies to one or more of the following services:

\_Visitation \_ \_Support Service Aides \_Transportation \_Status Services

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\_Social Work Counseling \_ \_Foster Care \_Kinship Care \_Child Care

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\_Transition Living \_ \_Safety Net Services \_ \_Preventative Asst. \_Adoption

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\_\_

\_OTHER:

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# The Cabinet for Health and Family Services will take the following action, effective:

Date

Deny your request for services or financial assistance.

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This action is taken in accordance with the following administrative regulation or statute: Reason for action:

Reduce services or financial assistance provided to you by the Cabinet for Health and Family Services.

This action is taken in accordance with the following administrative regulation or statute: Reason for action:

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Modify services or financial assistance provided to you by the Cabinet for Health and Family Services.

This action is taken in accordance with the following administrative regulation or statute: Reason for action:

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Suspend services or financial assistance provided to you by the Cabinet for Health and Family Services.

This action is taken in accordance with the following administrative regulation or statute: Reason for action:

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Terminate services or financial assistance provided to you by the Cabinet for Health and Family Services.

This action is taken in accordance with the following administrative regulation or statute: Reason for action:

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If you are dissatisfied with the action taken, you may request an administrative hearing in accordance with 922 KAR 1:320, Service Appeals, within thirty (30) calendar days from the date of this Notice by submitting a written request (DPP-154) to the Office of Ombudsman, Quality Advancement Branch, 275 East Main Street, 2E-O, Frankfort, KY 40621. Except when exempt by 45 C.F.R. 205.10(a)(6), if you receive financial assistance and request a hearing within ten (10) days of receipt of the date of this notice, your financial assistance shall continue without change pending the hearing decision. IF YOU SUBMIT A WRITTEN REQUEST FOR AN ADMINISTRATIVE HEARING, PLEASE ATTACH A COPY OF THIS NOTICE WITH YOUR REQUEST.

For resolution of a matter not subject to review through an administrative hearing, please contact the Office of the Ombudsman at 1-800-372-2973. If you do not wish to speak with the Office of Ombudsman, you may submit your complaint to a Service Region Administrator or designee in writing no later than thirty (30) calendar days from the date of a Cabinet action to which you object.

Signature of Person Authorizing Action Date (Mailed or Hand Delivered)

NOTE: This Notice shall be mailed ten (10) calendar days prior to the Cabinet’s action in accordance with 45 CFR 205.10 for federally mandated programs.