



TRANSITION AND DIVERSION PROGRAM (TDP)

NOTICE OF DENIAL OR TERMINATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADULT AND AGING SERVICES

SFN 544 (5-2025)

<input type="checkbox"/> Denial of Program(s) or Service(s)		<input type="checkbox"/> Termination of Program(s) or Service(s)		Date	
Individual Name			Individual Identification Number (ND Medicaid Number)		
Address			City	State	ZIP Code
Transition and Diversion Program Staff Name			Title		
It has been determined that you are not eligible for the following services <input type="checkbox"/> Transition Services <input type="checkbox"/> Diversion Services					
Reason(s) you are not eligible for program(s) or service(s)					
As Set Forth in					
Date this Denial or Termination of Program(s) or Services(s) is Effective					

If you disagree with this decision, you may request a reconsideration by **submitting a written reconsideration request within seven (7) days from the date of this Notice** to the Aging Services Director or designee. You also have the right to file an appeal. If you require assistance with filing an appeal, please contact the following staff member.

Contact Person	Date
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To file an appeal, you may use form SFN 162, Request for a Hearing. **A written appeal request must be filed within thirty (30) days from the date of this Notice.** The written appeal request must contain your name, contact information, the program name, and the reason you are appealing. You must also include a copy of the Notice you are appealing.

Send the appeal request to:

Appeals Supervisor, Legal Division
Department of Health and Human Services
600 East Boulevard Avenue - Dept 325
Bismarck, ND 58505-0250

Email: dhslau@nd.gov

FAX: (701) 328-2173

You may represent yourself in an appeal or you may be represented by an attorney, a relative, a friend, or other spokesperson.