**Adequate Action Notice**

**Capacity Notice**

Date:

Dear:

Although you requested enrollment into the MI Choice Waiver Program, the MI Choice Program is currently at program capacity, therefore, the waiver agency cannot enroll you at this time. The legal basis for this decision is 42 CFR 440.230 (d).

Your name will be added to our waiting list, and we will contact you when you can be enrolled. If you have any questions, regarding this letter, please call me at

(906)

If you do not agree with this action, you may request the following:

**Medicaid Fair Hearing**: To request a Medicaid Fair Hearing, complete the enclosed “Request for an Administrative Hearing” (DCH-0092) form and envelope and mail it to:

**Administrative Tribunal**

**Michigan Department of Community Health**

**PO Box 30763**

**Lansing, Michigan 48909**

You can obtain the DCH-0092 form from any Department of Human & Human Services office or from UPCAP.

The Medicaid Fair Hearing Request **must** be:

1. **Received within 90 calendar days of the date of this notice,**

2. **In writing**, and

3. **Signed** by you or a person authorized to sign for you.

Sincerely,



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UPCAP Care Manager