



Upper Peninsula Commission for Area Progress

www.upcap.org

“Providing guidance and support to U.P. residents since 1961”

Adequate Action Notice

Date:

Dear,

This notice is to inform you that a Level of Care Determination (LOCD) and assessment of your risk and medical needs conducted on _____, determined that you do not meet the functional eligibility requirements for Care Management Services.

If you do not agree with this action, **you have the right to an Internal Appeal:**

REQUEST AN APPEAL (INTERNAL): You have to ask UPCAP, the Administrative Agency for the MI Choice Waiver Program, for an Internal Appeal within **60 calendar days** of the date of this notice. The request can be made verbally but must be followed up in writing.

If you want to ask for an Internal Appeal, either call or send in a written request to:

UPCAP Appeals Section
PO Box 606, Escanaba, MI 49829
1-800-305-8137 / 906-786-4701 / TTY Number: 7-1-1
Fax: 906-786-5853

If you have any questions, you can talk to _____

at our agency for help

Sincerely,

Supports Coordinator