



CHILDREN'S MEDICAL SERVICES NOTICE OF PROCESS TO FILE AN APPEAL

The Children's Medical Services (CMS) program offers you the opportunity to appeal decisions regarding program eligibility and services. There are two decisions in which you may file an appeal:

1. CMS determines you are not eligible for CMS
2. A service request is denied by CMS

The appeal process is as follows:

Step 1: Submit the Appeal to State CMS Program Manager within ten business days of receiving the CMS ineligibility/denial notification. (Address: Children's Medical Services, 2 Peachtree Street NW, 11th Floor, Atlanta, GA 30303 email address: Childrens.Medical@dph.ga.gov).

- 1) The written complaint must state the nature of the concern and desired resolution.
- 2) You will be notified of the decision within thirty business days of receipt of the written complaint, unless further information is requested.
- 3) If further information is requested from you, this must be received by the CMS Program Manager within ten business days of notification. If this additional information is not received within ten business days, your right to appeal is forfeited.

Step 2: If you are dissatisfied with the decision, you can submit an appeal to the Children and Youth with Special Healthcare Needs (CYSHCN) Director within ten business days of receipt of the decision above. If appeal is not submitted within ten business days your right to appeal is forfeited. (Address: 2 Peachtree Street NW, 11th Floor, Atlanta, GA 30303 email address: Childrens.Medical@dph.ga.gov).

- 4) You will be notified of the Director's decision within thirty business days of receipt of the written complaint.
- 5) If further information is requested from you, this must be received by the MCH Section Director within ten business days of notification. If this additional information is not received within ten business days, your right to appeal is forfeited.

Step 3: If you are dissatisfied with CYSHCN Section Director's response, you can submit an appeal to the Maternal and Child Health (MCH) Director within ten business days of receipt of the CYSHCN Director's decision above. If appeal is not submitted within ten business days your right to appeal is forfeited. (Address: 2 Peachtree St NW, 15th Floor, Atlanta, GA 30303 email address: Childrens.Medical@dph.ga.gov).

- 6) You will be notified of the Health Promotion Division Director's decision within thirty business days of receipt of the written complaint.
- 7) If further information is requested from you, this must be received by the Health Promotion Division Director within ten business days of notification. If this additional information is not received within ten business days, your right to appeal is forfeited.

I, _____, being a CMS Parent, Legal Representative of Patient, Patient age 18 or older, understand the CMS Process to file an appeal.

Patient/Legal Representative (Signature)

Date