State Fair Hearing Notice: Your Right to Appeal This Decision

If you are dissatisfied with the action described in the attached Notice, you may request a State Fair Hearing before an Administrative Law Judge at the California Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. If you decide to request a hearing, you must do so in most cases within **90 days** of the date of the attached Notice.

If you ask for a hearing before the effective date of the action, your services may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think that waiting 90 days will hurt your health, you can request an Expedited Hearing. If the State Hearings Division approves your request for an Expedited Hearing, you may be able to get a hearing decision within three days from the date it receives your case file.

You can ask for an Expedited Hearing - by calling the State Hearings Division or you can send a letter to the State Hearings Division. You must explain how waiting for up to 90 days for a decision will harm your life, health or ability to get or keep maximum function. You can also get a letter from your doctor to show why you need an Expedited Hearing.

Representation

You can represent yourself at the State Fair Hearing. A friend, attorney or any other person can also represent you, but you are expected to get the representative yourself. You can get help in locating free legal assistance by calling the toll-free number for Public Inquiry and Response: **1-800-952-5253.**

How To Request A State Fair Hearing

You may request a hearing in writing. You may use the form attached to this statement. If you do not use this form, make sure you provide your NAME, ADDRESS, and PHONE NUMBER, along with a DESCRIPTION OF THE ACTION with which you disagree. Please indicate that the action involves MSSP BENEFITS, and if you will need an INTERPRETER at the hearing, specify the language and dialect. Send your request to:

Mail: California Department of Social Services
State Hearing Division
P.O. Box 944243, Mail Station 21-37
Sacramento, CA 95814-2430

Fax: (833) 281-0905
Email: SHDCSU@DSS.ca.gov

Online: acms.dss.ca.gov
Click “Create an account” to have an ACMS account and get documents online; or click “Submit Appeal without Account” to file without an account

Toll Free Number: 1-800-952-5253
TDD For the Deaf: 1-800-952-8349