

**Notice of Action (NOA)**

DS 1820 (Rev. 03/2023)

**\*Required Fields****\*Date:** **\*What regional center is providing this NOA?**

Unique Client Identifier (UCI), if any

**Consumer or Applicant:****\*First Name:****\*Last Name:****\*Date of Birth:****\*Primary Phone number:**

Secondary Phone number:

**\*Email Address:****\*Street Address:**

Apartment number:

**\*City:****\*Zip:****\*Is Consumer or Applicant a Medicaid Home and Community Based Services Waiver Participant**  
(Check one) ☐ Yes ☐ No**Name of Authorized Representative: (If applicable)**

First Name:

Last Name:

Relationship to Claimant:

Primary Phone Number:

Secondary Phone Number:

Email Address:

**\*The Action(s) the Regional Center Proposes to Take (If more than one action is proposed, check all that apply):**

- ☐ Eligibility Denial  
☐ Eligibility Termination  
☐ Service Denial  
☐ Service Reduction  
☐ Service Termination

**\*Date the Proposed Action(s) will Occur:**

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**Confidential Client Information, California Welfare and Institutions Code Sections 4514 and 5328,  
Health Insurance Portability and Accountability Act.**

**\*Proposed Action(s):**

**\*Reason for the Proposed Action(s):**

**\*Facts and Laws Supporting the Proposed Action(s):**

Please see the following page for your choices, how to appeal this decision(s), and how to get help

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Health Insurance Portability and Accountability Act.**

## **YOUR CHOICES**

If you agree with the proposed decision in your Notice of Action (NOA) then you do not need to do anything.

If you do not agree with the proposed decision in this NOA, you have the right to file an appeal. An appeal is a way to resolve a disagreement with your regional center. Appeal requests are sent to the Department of Developmental Services (DDS).

## **HOW TO APPEAL**

- You may submit the appeal request form electronically at the DDS website: <https://bit.ly/DDSAppealForm>
- You may send the attached form by email to [AppealRequest@dds.ca.gov](mailto:AppealRequest@dds.ca.gov)
- You may send the attached form by mail to 1215 O Street MS 8-20, Sacramento, CA 95814
- You may send the attached form by fax to 916-654-3641

You must file your appeal request on time. There are two deadlines.

- The first deadline is for when you want to keep your current services the same during your appeal:
  - Your request must be postmarked or received by DDS no later than 30 days from when you got your NOA and before the action takes place.
  - Keeping your current services during an appeal is called "aid paid pending".
- The second deadline is for all other appeal requests. If your appeal request is filed 31 to 60 days from when you got your NOA, the regional center's decision will happen while your appeal continues. Appeal Requests must be postmarked or received by DDS no later than 60 days after the date you received this NOA.

## **WHERE TO GET HELP**

You may get help with your appeal request. People who can help you are:

- Your service coordinator or other regional center staff, if you ask them.
- Your clients' rights advocate (CRA) at:
  - (800) 390-7032 for Northern California, or
  - (866) 833-6712 for Southern California, or
  - Find the clients' rights advocate at your regional center here: [www.disabilityrightsca.org/what-we-do/programs/office-of-clients-rights-advocacy-ocra/ocra-staff-links](http://www.disabilityrightsca.org/what-we-do/programs/office-of-clients-rights-advocacy-ocra/ocra-staff-links)
- The [Ombudsperson](#) Offices at (877) 658-9731 or [ombudsperson@dds.ca.gov](mailto:ombudsperson@dds.ca.gov). If you are in the Self-Determination Program email [sdp.ombudsperson@dds.ca.gov](mailto:sdp.ombudsperson@dds.ca.gov) instead.
- You also may get help from a Family Resource Center: <https://frcnca.org/get-connected/>.
- Your regional center may help you find a local parent support group or community-based organization that may help you.

- If you live at Porterville Developmental Center, Canyon Springs, or a STAR Home, you also may get help from the State Council on Developmental Disabilities:
  - Canyon Springs, Desert STAR, South STAR (760) 770-0651
  - Porterville and Central STAR (559) 782-2431
  - Headquarters (408) 834-2458
  - [scdd.ca.gov/clientsrightsadvocates/](https://scdd.ca.gov/clientsrightsadvocates/).

**The “Appeals Information Packet” is found using the QR code or link below. The packet provides additional information about the appeal process.**



<https://bit.ly/DDSAppealInfoPacket>