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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

JEFF D., et al., By and Through Their Next Friend  
Howard A. Belodoff,

Plaintiffs,

vs.

BRAD LITTLE, et al.,

Defendants.

Case No. 4:80-CV-04091-BLW

APPENDIX SUPPLEMENT IN  
SUPPORT OF RESPONSE TO  
DEFENDANTS' ANNUAL REPORT  
DKT. 775

# Appendix No. 1

*Jeff D v. Little* Case No. 4:80-CV-04091-BLW

## Appendix 1

### YES Services and Supports

**Assessment** are strengths-based evaluations of a child/youth's mental health and functioning to determine whether the child/youth is eligible for Jeff D. Services and Supports. Assessment activities include face-to-face contact for the purpose of assessing the child/youth's strengths and needs; an evaluation of the child/youth's current mental health, living situation, relationship, and family functioning; contacts, as necessary, with significant others such as family and teachers; and a review of information regarding the child/youth's clinical, educational, social, behavioral health, and juvenile/criminal justice history. The assessments should be strength based, culturally competent, and conducted in the family home whenever possible.

2015 Settlement, App. C, at C-1

#### ***Behavioral Health Day Treatment***

Psychotherapy and/or skills building provided in a structured group environment that includes individual or group activities, therapies, social, communication, and behavior and basic living skills training. Treatment is individualized and related to goals identified in the Class Member's individualized treatment plan. Day treatment services may be provided at any time including during the day in the Class Member's school or other community settings.

*Id.* at C-5.

***Behavior modification and consultation*** (BMC) is the design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. These interventions are based on scientific research and the use of direct observation, measurement, and functional analysis. Behavioral strategies are used to teach the Member alternative skills to manage targeted behaviors across various environments. Behavior modification providers may provide this service at any time and any setting appropriate to meet the Member's needs, including home, school, and community. For successful outcomes, modified behaviors must be reinforced by the child/adolescent's parents, family, and other natural supports. All treatment, care and support services must be provided in a context that is child centered, family-focused, strengths based, culturally competent and responsive to each child's psychosocial, developmental, and treatment care needs.

*Optum Idaho Provider Manual*, at 83, January 2023.

***Case Consultation*** is an in-person or telephonic meeting to develop, monitor, or modify a comprehensive assessment or individualized treatment plan, or to review services and progress towards objectives in the treatment plan between two or more of the following: the case manager, treating providers, physician, and other professionals or paraprofessionals involved in the Class Member's care. Case consultation includes attendance at CFT meetings or educational case conferences.

2015 Settlement, App. C, at C-7

The ***Child and Adolescent Needs and Strengths*** (CANS) is a tool that uses the information gathered during an assessment to create a record of the strengths and needs of the youth their family. Strengths are areas of the youth's life or family's life where they are doing well or have an interest or ability. Needs are areas where the youth or family needs support. This record is used by all providers servicing the youth and family, so they do not need to tell their story multiple time to various providers.

In addition to identifying strengths and needs, the CANS is used to:

- Capture information about the youth's ability to function within their family and community.
- Determine if the youth has a functional impairment.
- Create meaningful care plans.
- Monitor the outcome of services.
- Provide a common language for providers, youth and families to use when discussing strengths and needs.

The CANS is organized into individual and family life domains (areas). Each domain contains items that specifically relate to that area. The provider, youth and family use the information gathered during the assessment to work through each item in the CANS. They discuss items and collaboratively decide how to rate the items on a 4-part scale. Through this work the provider, youth and family are able to identify the strengths and needs of both the youth and family.

The ratings as determined by the provider, youth and family are then used to help determine the amount of support the youth and family need. After the provider and family complete the CANS, the provider talks to the youth and family about the results to make sure they are accurate and reflect their story before they save and finalize the CANS. The family should receive a copy of their CANS so they can review and refer to it during care planning.

*YES Services Practice Manual*, at 31 (April 7, 2020).

### ***Child and Family Team*** (CFT)

Treatment planning consists of engagement of the Class Member and family; review and discussion of the assessment; team formation; treatment plan development and modification; crisis planning; and transition planning.

a. Class Member and family team formation: A Case Manager or Intensive Care Coordinator engages the Class Member and family to elicit participation in treatment planning through a team approach that is family centered, strength based, culturally competent, and outcome focused. The Case Manager or Intensive Care Coordinator organizes the initial meeting with the Class Member and family. During the initial meeting, the Case Manager or Intensive Care Coordinator engages the Class Member and family by explaining the Child and Family Team (CFT) approach, discussing the participation of appropriate people as part of the CFT (e.g., extended family, teachers, social workers, etc.), and determining if additional assistance is required to support the family's engagement in

the process. The Case Manager or Intensive Care Coordinator contacts potential CFT members identified during engagement and coordinates the schedules of the CFT meetings in a location which is preferred by the family. Engagement of the Class Member and family by the Case Manager or Intensive Care Coordinator and of CFT members continues throughout the provision of services.

b. Treatment plan development, implementation, and modification: The CFT works to develop and adopt a strength-based and individualized treatment plan. The treatment plan describes the Class Member's strengths and needs; long-range and short-term goals for the Class Member; and the services that will best help the Class Member meet the plan's goals, as well as maximize the reduction in his/her mental disability and restore him/her to his/her best possible functional level. Services included in the treatment plan are individualized and will vary from Class Member to Class Member based upon his or her strengths and needs. The services that are provided may include those listed in this document. CFT meetings are facilitated by the Case Manager or Intensive Care Coordinator. During these meetings, the Case Manager or Intensive Care Coordinator facilitates the assignment of tasks to CFT members. The Case Manager or Intensive Care Coordinator tracks completion of team assignments. The Case Manager or Intensive Care Coordinator works with the CFT to modify the individualized treatment plan when appropriate. To the fullest extent allowed by law or regulation, a CFT will have the authority to approve services provided by agencies represented on the CFT that are recommended in the Treatment Plan. If a service is included in the treatment plan that must be authorized by an agency that is not represented on the CFT, the agency shall have up to 14 days to make an authorization determination. CFTs and non-participating agencies will be trained on what is a covered service under this Agreement to minimize denials of recommended services.

c. Crisis planning: Crisis planning is conducted by the CFT and is designed to address safety concerns, predict potential areas of crises, and to identify ways to resolve a crisis should one occur. The CFT creates the crisis plan that (a) anticipates the types of crises that may occur, (b) identifies potential precipitants and ways to reduce or eliminate crises, and (c) establishes responsive strategies by caregivers and members of the Class Member's CFT involving additional community resources as appropriate, to minimize crisis and ensure safety.

d. Transition planning: Transition planning is conducted by the CFT, informed by the assessment process, and designed to ensure that Class Members are appropriately transitioned from services, either when the Class Member leaves the children's mental health system for the adult mental health system, or when the Class Member no longer needs formal supports. Transition planning includes a clear pathway and priority for connecting caregivers and Class Members, at service re-entry, to persons with whom they have worked previously. The CFT creates the transition plan and modifies it when appropriate.

2015 Settlement, App. C, at C 1-2.

***Crisis Response Services*** are available 24-hours a day, seven days a week in response to sudden or unexpected behavior in a Class Member that indicates the presence of acute psychiatric symptoms and the need for an immediate response. The purposes of crisis services are to identify, assess, and stabilize the situation.

**a. *Crisis Respite***

Short term, temporary care of a Class Member by a caregiver different from the usual caregiver to stabilize a crisis situation.

**b. *Crisis Response Services***

Services that are available 24-hours a day, seven days a week through telephonic contact with a mental health professional to determine the most appropriate response to a crisis situation.

**c. *Crisis Intervention Services***

Face-to-face services include safely identifying and assessing immediate strengths and needs to ensure that appropriate services are provided to de-escalate the current crisis and prevent future crises. Services shall be provided consistent with an existing crisis plan using formal and informal supports, in partnership with the family. Services are available 24-hours a day, seven days a week by trained clinical staff.

*Id.* at C-8.

***Intensive Care Coordination (ICC); Targeted Care Coordination (TCC)***

Intensive Care Coordination (ICC) is a case management service that provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered consistent with the Principles of Care and Practice Model. ICC includes both assessment of service needs and service planning utilizing a facilitated CFT process. It includes assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services for Class Members and their families.

ICC is delivered through a single consistent Intensive Care Coordinator. The Intensive Care Coordinator is responsible for coordinating multiple services that are delivered in a therapeutic manner, allowing the Class Member to receive services in accordance with his or her changing needs and strengths. The Intensive Care Coordinator is also responsible for promoting integrated services, with links between child-serving agencies and programs. ICC also includes a treatment planning process that utilizes a formal CFT approach, as described in the Principles of Care and Practice Model. The Intensive Care Coordinator is responsible for facilitating CFT meetings for the purpose of developing outcome-focused, strength-based activities that assist Class Members and their families. The Intensive Care Coordinator is specifically trained in the wraparound process for treatment planning. Intensive Care Coordinators shall maintain reasonable caseloads consistent with accepted industry standards for children's mental health systems of care based on intensity of their client's acuity, needs, and strengths.

Specific responsibilities of the Intensive Care Coordinator, in conjunction with the Class Member and family, are:

- a. engaging the Class Member and family to elicit participation in treatment planning and services;
- b. assembling the CFTs and facilitating team meetings on a regular basis;
- c. collecting, organizing, and distributing to CFT members assessments and other information about the Class Member and family;
- d. coordinating CFT meetings and documenting recommendations of the CFT;
- e. developing and distributing the individualized treatment plan;
- f. facilitating consensus from all CFT members and assisting in resolving disputes when necessary and appropriate;
- g. reviewing the individualized treatment plan on a regular basis and facilitating the CFT in making modifications as needed and appropriate;
- h. identifying, arranging, and monitoring services, including informal services in the community;
- i. facilitating collaborative communication and decision-making across child welfare, juvenile justice, mental health, and educational systems; and
- j. assisting in emergency or crisis situations, which may include responding to a call 24/7, meeting the family where the emergency is occurring, or taking the lead role in de-escalating the situation.

*Id.* at C 3-4.

**Family Psychoeducation & Training** educate the family and Class Member about the Class Member's mental health needs and strengths and train the family and Class Member in managing them. The goal of these services is to foster community integration and/or avoid an out-of-home placement by teaching the family how to help the Class Member function within the family, school, and community, including by developing and implementing a behavioral plan. Services are strength based, outcome focused, culturally competent and individualized. Services may be provided individually, in the home, or through group trainings.

*Id.* at C-7.

**Family Support** Services are provided by other parents who have lived experience and specialized training to assist and support the family in gaining access to services, and to help the

family become informed consumers of services and self-advocates. Family support such as, but not limited to, mentoring, advocating, and educating may be provided one on one to the family or through family support groups.

*Id.* at C-7.

***Partial Hospitalization*** is a facility-based, structured bundle of services for members whose symptoms result in severe personal distress and/or significant psychosocial and environmental issues. . . . PHP Services are delivered a minimum of 20 hours per week and no less than four days per week (may include evening or weekend) for adults or children/adolescents. Common Treatment duration is four to six weeks for PHP. Services are expected to be maintained at this level throughout the member's participation in the program. Services are provided by an interdisciplinary team. . . . PHP consists of a scheduled series of sessions consistent with the treatment plan of the member served . The treatment plan should include evidence-informed practices, such as group therapy, cognitive behavioral therapy (CBT), and motivational interviewing to enhance motivation and support member's recovery, resiliency, and well-being. *Optum Idaho Provider Manual*, at 127.

***Intensive Home and Community-Based Services*** (IHCBS) are intensive services provided to Class Members in their home or in the community. Services are individualized, strength based, family centered, and culturally competent. All services focus on the Class Member's emotional/behavioral needs. Services may include behavior management, therapy, crisis intervention, and parent education and training. Intensive services should be provided to, among others, Class Members at risk of out-of-home placement, including a residential program or psychiatric hospital, Class Members transitioning from an out-of-home placement back to their families or other community setting, and Class Members with significant behavioral health needs. 2015 Settlement, App. C, at C-5.

***Medication Management*** services include a clinical assessment of a Class Member, the prescription of medication and follow-up reviews as part of the Individualized Treatment Plan for the purpose of evaluating the effectiveness and side effects.

*Id.* at C-4.

***Neuropsychological/Psychological Evaluation & Testing***

Specific assessments or testing including, but not limited to, psychological, behavioral, neurological, or psychiatric, to assist in the development of a treatment plan. Providers will most likely be medical professionals who are Ph.D. or Master's level providers with associated expertise. In school settings, the evaluators will be appropriately certified, credentialed, or licensed.

*Id.* at C-1.

***Parenting with Love and Limits*** (PLL) is a family-focused intervention for teenagers (ages 10-18) with severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder). The program is designed to help families re-establish adult authority through setting consistent limits and reclaiming loving relationships. PLL consists of both



multifamily group therapy sessions and individual family therapy coaching sessions. [Title IV-E Prevention Services Clearinghouse](#).

**Psychotherapy:** Individual, family, or group therapy involves outcome-based and strength-based therapeutic interventions. Services may be provided in the home, community, or an office setting. Priority is given to evidence-based therapies, such as, Cognitive Behavioral Therapy, Parent-child Interaction Therapy, and Functional Family Therapy.

*Id.* at C-4.

**Residential Care** is provided by a licensed children's residential care facility that provides treatment and care in a highly-structured setting for a Class Member needing intensive treatment and supervision for the length of time necessary to meet the individual treatment needs of the Class Member. ICC will be provided when a Class Member is placed in residential care and the CFT members will include the residential care provider. The Individualized Treatment Plan will address the transition out of residential care and family involvement while the Class Member is in the residential care facility.

*Id.* at C-6.

**Respite** services are short-term, temporary direct care and supervision for a Class Member intended to relieve a stressful situation, de-escalate a potential crisis situation, or provide a therapeutic outlet for a Class Member's emotional problems. The goal is to prevent disruption of a Class Member's placement by providing rest and relief to caregivers and Class Members while helping the Class Member to function as independently as possible. Respite services are generally limited to a few hours, overnight, a weekend, or other relatively short period of time. Services can be furnished on a regular basis. Respite services can be furnished in the Class Member's home, another home, a therapeutic foster home, or other community location.

*Id.* at C-6.

**Skills Building: Skills Training and Development** (Partial Care), **Individualized Skills Building Treatment Planning, Community Based Rehabilitation Services** (CBRS)

Behavioral, social, communication, rehabilitation, and/or basic living skills training designed to build a Class Member's competency and confidence while increasing functioning and decreasing mental health and/or behavioral symptoms. Training is related to goals identified in the individualized treatment plan. Examples of areas that may be addressed include self-care, behavior, social decorum, avoidance of exploitation, anger management, budgeting, development of social support networks, and use of community resources.

*Id.* at C 4-5.

**Integrated Substance Use Disorder** (SUD) services for individuals with co-occurring disorders Integrated SUD services are provided in an individual or group setting that are integrated with the Class Member's mental health treatment. Services may include residential services, intensive outpatient SUD services, education and coping skills training for the

mental and SUDs and their interactive effects, and training on handling stress and relapse prevention. SUD and mental health services are integrated as described in the individualized service plan.

*Id.* at C-5.

***Therapeutic after-school and summer programs*** (TASSP) encompass individual and related therapies and counseling in a therapeutic setting with an emphasis on social, communication, behavior and basic living skills training, psychosocial skills, and relationship problem-solving. After-school programs can be located on school grounds or other community settings.

*Id.* at C-5.

***Therapeutic/Behavioral Aide Services*** (including mentoring) (TBS)

[Therapeutic/Behavioral] Aide Services focus on social and behavioral skill development, building a Class Member's competencies and confidence. These services are individualized and are related to goals identified in the Class Member's treatment plan. Services that a behavioral/therapeutic aide or mentor may provide include crisis intervention, implementation of a behavioral management plan, and rehabilitation services, such as teaching the Class Member appropriate problem-solving skills, anger management, and other social skills. Behavioral/therapeutic aides or mentors may provide assistance at any time and in any setting appropriate to meet the Class Member's needs, including home, school, and community.

*Id.* at C-5.

***Transportation*** services involve the transporting of a Class Member and/or his/her family/caregiver from one place to another to facilitate the receipt of services in the individualized treatment plan. The service may also include the transportation of the Class Member's family/caregiver with or without the presence of the Class Member, if provided for the purposes of carrying out the Class Member's service plan (e.g., counseling, meetings).

*Id.* at C-6.

***Treatment Foster Care*** provides clinical intervention for a Class Member within the private homes of clinically trained and licensed foster families for the length of time necessary to meet the individual treatment needs of the Class Member. ICC will be provided when a Class Member is placed in treatment foster care and the CFT members will include the treatment foster parents. Treatment foster care includes services provided by a foster parent/family in order to implement the Class Member's individualized treatment plan. Treatment foster parents assist in developing an individualized treatment plan for the Class Member and support the Class Member in achieving his/her service plan goals and objectives.

Treatment foster parents perform a therapeutic function in addition to supervision services. Treatment foster care services include supervision, behavioral interventions, psychosocial rehabilitation, skills training and development, participation in treatment and discharge planning, and transition services when a Class Member returns to his/her family.

Transition services involving the treatment foster parents may include, among other things, facilitating visits, coaching the permanency caregivers, providing limited respite care, etc. Class Members in treatment foster care may also receive other services listed in this document that are not provided by their treatment foster parents.

*Id.* at C-6.

**Wraparound** is a team-based, family-driven, and youth-guided planning process that is led by guiding principles, has a structured format, and is implemented with facilitated activities. The Wraparound process is used to address complex needs for both youth and families and is successful by creating relationships with a team of involved people to support treatment needs. [YES Services Practice Manual](#), at 88.

**Youth Support** Services provided by other youth or young adults to assist and support Class Members in understanding their role in accessing services, and in becoming informed consumers of services and self-advocates. Youth support such as, but not limited to, mentoring, advocating, and educating may be provided through youth support groups and activities. 2015 Settlement, App. C, at C-8.

# Appendix No. 2

*Jeff D v. Little* Case No. 4:80-CV-04091-BLW

## Rights Under Idaho Medicaid

HOWARD A BELODOFF

Fri 3/18/2022 12:09 PM

To: Garrett, KayT - Reg3 <KayT.Garrett@dhw.idaho.gov>; Stretch, Kimberli - CO 10th <Kimberli.Stretch@dhw.idaho.gov>  
Cc: Kimberly Hokanson <gkhokanson@gmail.com>; Patrick Gardner <pgardner@adolescentmentalhealth.org>  
Bcc: Howard Belodoff <hbelodoff@hotmail.com>

1 attachments (959 KB)  
document2022-03-18-120643.pdf;

Please see attached Rights Under Idaho Medicaid which I received which clearly states it was a "Draft 09/13/2019." As I indicated I did not approve this Draft and I would note the "Draft 09/13/2019" is substantially different than the current version you now believe was approved. I have no idea when the current version was changed, adopted, or approved by the Due Process Workgroup, who approved it, or how it was marked as approved on the Due Process spreadsheet. I realize you both were not working on the case at the time so have to rely on what you have been told. However, I did not and cannot approve of the existing Medicaid Notice without changes. My real concern is that the Medicaid Notice which is being provided to parents has to comply with the Authoritative Protocol. Thanks Howard

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**From:** scanner@augustinelaw.com <scanner@augustinelaw.com>  
**Sent:** Friday, March 18, 2022 12:06 PM  
**To:** hbelodoff@hotmail.com <hbelodoff@hotmail.com>  
**Subject:** Scan



## Your Rights Under Idaho Medicaid

If you sign up for or get benefits/services from Idaho Medicaid and they are denied, changed, or delayed, you can:

- Have your questions answered by the Department of Health and Welfare (Department). The Department's work days are Monday through Friday, 8 am to 5 pm, Mountain Time, except holidays.

**Email:** [APS@dhw.idaho.gov](mailto:APS@dhw.idaho.gov)    **Phone:** (208) 334-5564    **Fax:** (208) 639-5741  
**In-person:** your local Health & Welfare office  
**Mail:** Administrative Procedures Section PO Box 83720 Boise ID 83720-0036

- File a request for appeal – See the Appeal Rights section for details (below).

### Appeal Rights

#### Time frame

Send an appeal request within **28 days** of the date the notice was mailed. There are two kinds of appeals: standard or expedited (fast).

#### Standard Appeal

The standard appeal review is 30 days from the date the appeal is received. We might ask you to meet with us. We will let you know if we need more time to look over your appeal.

#### Expedited (Fast) Appeal

The fast appeal review is 3 working days from the date the appeal is received. We will update you (and your doctor) by telephone about the review and if we need more time. If waiting 30 days will hurt your physical or mental health, you can ask for a faster review.

Please send us a doctor's letter saying why you can't wait 30 days. If you have questions or can't get a letter before sending your appeal, contact us as soon as possible at (208) 334-5747. Your doctor can also request an appeal for you.

An expedited appeal is not for payments. It's also not for services that already took place.

If your doctor or the Medical Director decides the request does not match the needs for a fast review, it will become a standard appeal. We will let you know if this happens.

#### Continuation of Services

You can continue getting your current, approved services during the review. You need to file an appeal within **10 days** from the date the notice was mailed. If it's on time and your coverage hasn't ended, it will stay the same until a decision is made about your appeal. If the decision doesn't change, you may be responsible for the cost of your coverage and any services you received during this time. 42 CFR § 431.230(b)

### How to Appeal

You can ask about an appeal by email, phone, in person, mail, or fax. You need to send any appeal request to the Department in writing. So, an appeal requested by phone has to be followed up by a written and signed appeal. You also need to send us a copy of the notice. You can use an appeal request form or write a letter. The letter needs:

- Name of person needing the review
- Contact details (address, phone number)
- Reason why you think we've made a mistake
- If you are asking for a standard or expedited (fast) review

You can send us more details to help with your appeal. These can be things like medical records, doctor's notes, or financial records can help us with the review. Keep copies of anything you send.

You can ask to see and get free copies of any documents or guides we used to make our decision.



## Your Rights Under Idaho Medicaid

### Other Details

#### State Fair Hearing

If the Department can't resolve your appeal, it will go to a fair hearing. The Office of the Attorney General's Fair Hearing Unit will review your appeal. A hearing officer will hold a telephone hearing with you and the Department to review your appeal request. It could take up to 30 days after the hearing to make a decision. If it's an expedited review, the hearing officer will review as soon as possible.

#### Authorized Representative

You can file an appeal and speak at the review or hearing. A relative, friend, advocate, doctor, or lawyer can also file an appeal or speak for you. They are an "authorized representative."

You need to let us know if you have an authorized representative. Your authorized representative will receive updates about your appeal.

#### Legal and Other Accommodations Help

Free services may be available to you to help with your appeal. Contact the local legal aid program at (208) 336-8980 or Disability Rights Idaho at (208) 336-5353 or 1-866-262-3462.

#### Free Services Available

The Department offers free services to you. This includes: forms or information in other formats or languages, interpreter services, and accommodations for disabilities. To get more details or get these services, please call (208) 334-5564.

#### Participant Non-Discrimination Notice

The Department complies with federal and state civil rights laws. This means the Department will not treat anyone differently because of age, race, color, national origin, gender, religion, political benefits, disability, or sexual orientation. You can file a complaint with the Office of Civil Rights if you believe the Department treats you differently for any of these reasons.

#### Reference

Rules for appeal rights and process can be found in IDAPA 16.05.03 at:

<http://adminrules.idaho.gov/rules/current/16/160503.pdf>

### Interpretation Services

English	ATTENTION: Language assistance services, free of charge, are available to you. 1-800-926-2588 (TTY: 1-208-332-7205).
Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-926-2588 (TTY: 1-208-332-7205).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務，請致電 1-800-926-2588 (TTY: 1-208-332-7205)。
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-926-2588 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 1-208-332-7205).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-926-2588 (TTY: 1-208-332-7205)번으로 전화해 주십시오.
नेपाली (Nepali)	ध्यान दिनुहोस्: तपाईंले नेपाली बोलुनुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-926-2588 (टिटीवाड: 1-208-332-7205) ।
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-926-2588 (TTY: 1-208-332-7205).
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالجان. اتصل برقم 1-800-926-2588 (رقم هاتف الصم والبكم: 1-208-332-208-1).
Tagalog (Tagalog/Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-926-2588 (TTY: 1-208-332-7205).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-926-2588 (телетайп: 1-208-332-7205).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-926-2588 (TTY: 1-208-332-7205).
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-926-2588 (TTY: 1-208-332-7205) まで、お電話にてご連絡ください。
Română (Romanian)	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-926-2588 (TTY: 1-208-332-7205).
Ikirundi (Bantu-Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-926-2588 (TTY: 1-208-332-7205).
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما در دسترس است. 1-800-926-2588 (TTY: 1-208-332-7205) به شماره 1-800-926-2588 (TTY: 1-208-332-7205) تماس بگیرید.
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-926-2588 (TTY: 1-208-332-7205).



## Division of Medicaid Appeal Request Form

Directions: Fill out the form, sign, and send it to us. Send a copy of the notice and any other details.

### Section 1: Tell us about the person whose notice needs to be reviewed. (required)

Name: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I want to receive updates or notices by (choose one): ☐ Email ☐ Mail ☐ Phone

### Section 2: What are you appealing? What action(s) are you requesting? (required)

Tell us about why you are requesting an appeal. Use extra paper or the back if you run out of room.

### Section 3: Do you want to continue your services during the review? (choose one)

I have read the *Appeal Rights – Continuation of Services* section and I ☐ want ☐ do not want to continue receiving my services until a decision is made about my appeal.

### Section 4: Are you asking for a standard or expedited (fast) appeal? (choose one)

☐ I am asking for a standard appeal.

Remember: Send your request within **28 days** of the date the notice was mailed.

Send your request within **10 days** if you want to continue your services.

☐ I am asking for an expedited (fast) appeal.

Remember: Send your request within **28 days** of the date the notice was mailed.

Send your request within **10 days** if you want to continue your services.

Send a doctor's note telling us why you can't wait for a standard appeal.

If it doesn't meet the needs, we'll review it as a standard appeal.

### Section 5: What else should we know? (optional)

*Authorized Representative*

☐ I want and approve that someone else speak or represent me in my appeal.

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of representative: \_\_\_\_\_ Lawyer? ☐ Yes ☐ No

*Special Accommodations*

☐ I need an interpreter. Language (and dialect): \_\_\_\_\_

☐ I need other accommodations. Please list: \_\_\_\_\_

### Section 6: Signature (required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you helped fill out the form:

Your Name (print)	Relationship/Organization	Signature	Date
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<b>Send by: Email</b> APS@dhw.idaho.gov	<b>Fax</b> (208) 334-5564	<b>In-Person</b> local office	<b>Mail</b> Administrative Procedures Section PO Box 83720 Boise ID 83720-0036
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# Appendix No. 3

*Jeff D v. Little* Case No. 4:80-CV-04091-BLW

Re: Medicaid: Notice of Appeal Rights Form [EXTERNAL EMAIL]

HOWARD A BELODOFF

Wed 3/1/2023 12:36 PM

To: Stretch, Kimberli - CO 10th <Kimberli.Stretch@dhw.idaho.gov>; Garrett, KayT - CO 10th <KayT.Garrett@dhw.idaho.gov>; Kimberly Hokanson <gkhokanson@gmail.com>; Clark, Treena <Treena.Clark@dhw.idaho.gov>

Cc: Schuelke, Megan - CO 3rd <Megan.Schuelke@dhw.idaho.gov>; Patrick Gardner <pgardner@adolescentmentalhealth.org>

1 attachments (132 KB)

YES.Medicaid Appeals Rights and Request Form +HB +JP +re (1).doc;

Mistakenly, right before I sent you the document, I saved it as "final" in a pdf format when I meant to save it with the track changes in Word so I lost the track changes. Therefore, I don't have a totally complete track change version but this is what I have from an earlier draft which is not much different except I tried to show a few final changes. Howie

Howard Belodoff  
Belodoff Law Office PLLC  
1004 W. Fort St.  
Boise ID 83702  
Tel: (208) 331-3378  
Fax: (208) 947-0014

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**From:** Stretch, Kimberli - CO 10th <Kimberli.Stretch@dhw.idaho.gov>  
**Sent:** Wednesday, March 1, 2023 10:28 AM  
**To:** HOWARD A BELODOFF <hbelodoff@hotmail.com>; Garrett, KayT - CO 10th <KayT.Garrett@dhw.idaho.gov>; Kimberly Hokanson <gkhokanson@gmail.com>; Clark, Treena <Treena.Clark@dhw.idaho.gov>  
**Cc:** Schuelke, Megan - CO 3rd <Megan.Schuelke@dhw.idaho.gov>; Patrick Gardner <pgardner@adolescentmentalhealth.org>  
**Subject:** RE: Medicaid: Notice of Appeal Rights Form [EXTERNAL EMAIL]

Howie -

Can we get the track changes version of this document? Thank you.



Kim Stretch | Deputy Attorney General  
Division of Health and Human Services | Medicaid  
Office of the Attorney General | State of Idaho  
O: 208-334-5540 | M: 208-921-7021 | W: [ag.idaho.gov](http://ag.idaho.gov)

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**From:** Stretch, Kimberli - CO 10th  
**Sent:** Wednesday, March 1, 2023 9:46 AM  
**To:** HOWARD A BELODOFF <hbelodoff@hotmail.com>; Garrett, KayT - CO 10th <KayT.Garrett@dhw.idaho.gov>; Kimberly Hokanson <gkhokanson@gmail.com>; Clark, Treena <Treena.Clark@dhw.idaho.gov>  
**Cc:** Schuelke, Megan - CO 3rd <Megan.Schuelke@dhw.idaho.gov>; Patrick Gardner <pgardner@adolescentmentalhealth.org>  
**Subject:** RE: Medicaid: Notice of Appeal Rights Form [EXTERNAL EMAIL]