

Lanterman Act Appeal Request Form

DS 1821 (Rev. 09/2023)

This form is used to appeal Lanterman Act eligibility and services. This form is NOT used for Early Start or Vendor appeals.**HOW TO FILE AN APPEAL:**

- The fastest way to file an appeal is electronically at the Department of Developmental Services (DDS) website: <https://bit.ly/DDSAppealForm>

OTHER WAYS TO SUBMIT AN APPEAL:

- You may send the attached form by email to 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

TIMELINES FOR APPEALS:

You must file your appeal request on time. All appeal requests must be postmarked or received by DDS no later than 60 days after the date you got the Notice of Action (NOA) or Good faith Belief Letter (GFBL). There are two deadlines.

- The first deadline is for if 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 received your NOA or GFBL, and before the action takes place.
 - Keeping your current services during an appeal is called aid paid pending.
- The second deadline is if your appeal request is postmarked or received by DDS 31 to 60 days from when you got your NOA or GFBL. An appeal that is filed within 31 to 60 days will be processed, but aid paid pending will not be granted.

WHERE TO GET HELP WITH YOUR APPEAL:

- Your service coordinator or other regional center staff, if you ask them.
- Your clients' rights advocate (CRA) at:
 - (800) 390-7032 for Northern California, (866) 833-6712 for Southern California, or
 - [Find the clients' rights advocate at your regional center here.](#)
- The Ombudsperson Offices at (877) 658-9731 or ombudsperson@dds.ca.gov, or [online here](#).
 - If you are in the Self-Determination Program, please email sdp.ombudsperson@dds.ca.gov or you may go [online](#) instead.
- The State Council on Developmental Disabilities (SCDD). To find your local SCDD office, select "Regional Offices" at the top of this webpage: www.scdd.ca.gov and then choose your area. You also can reach them at (833) 818-9886.
- Disability Rights California (DRC) at:
 - 1-800-776-5746, 1-800-719-5798 for TTY, or you can complete [DRC's online intake form](#).
 - DRC is available Monday, Tuesday, Thursday, and Friday from 9:00AM – 3:00PM
- 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 can help you.

The "Appeals Information Packet" is found using the QR code or the link. They provide additional information about the appeal process.



<https://bit.ly/AppealInfoPacket>

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

*What regional center is this appeal about?

INFORMATION ABOUT THE PERSON RECEIVING OR SEEKING REGIONAL CENTER SERVICES:

*First Name: *Last Name: *Date of Birth: Unique Client Identifier (UCI)

*Street Address: Apartment number:

*City: *Zip:

Primary Phone Number: Primary Phone Number Type: Cell Home Work
 Are text messages okay? Yes No
 (Data charges may apply)

Secondary Phone Number: Secondary Phone Number Type: Cell Home Work
 Are text messages okay? Yes No
 (Data charges may apply)

Email Address:

*How do you prefer we contact you? Phone Call E-Mail Text Message

*What language do you prefer? English Spanish Vietnamese Chinese Other: *Do you need an interpreter? Yes No

IF YOU ARE REQUESTING AN APPEAL FOR SOMEONE ELSE, PROVIDE YOUR INFORMATION HERE:

First Name: Last Name:

Relationship to person the appeal is for:
 Parent of a minor child Conservator Guardian
 Family Member Legal Advocate Other:
 Authorized Representative Attorney

Street Address: Apartment number:

City: Zip Code:

Primary Phone Number: Primary Phone Number Type: Cell Home Work
 Are text messages okay Yes No
 (Data charges may apply)

Secondary Phone Number: Secondary Phone Number Type: Cell Home Work
 Are text messages okay Yes No
 (Data charges may apply)

Email Address:

How do you prefer we contact you? Phone Call E-Mail Text Message

*What language do you prefer? English Spanish Vietnamese Chinese Other: *Do you need an interpreter? Yes No

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

WHY ARE YOU REQUESTING AN APPEAL?

***Did you receive a document from the regional center that you would like to appeal?**

- Notice of Action (NOA) Good Faith Belief Letter (GFBL) Neither

If you received a NOA, what date did you receive it?

***Proposed action being taken by the regional center:**

(Check all that apply)

<input type="checkbox"/> Eligibility Denial:	You were notified by a regional center that you are not eligible for regional center services under the Lanterman Act. (This is not for Early Start eligibility).
<input type="checkbox"/> Eligibility Termination:	You currently are receiving regional center services, and you were notified that you are no longer eligible. This could be because you were reassessed and determined to be ineligible for regional center services.
<input type="checkbox"/> Service Denial:	You requested a new service, and the request was denied by your regional center.
<input type="checkbox"/> Service Reduction:	You were notified by your regional center that you will be receiving less of a current service.
<input type="checkbox"/> Service Termination:	You were notified by your regional center that you will no longer receive one or more of your current services.

What is the proposed effective date of the regional center action?

***Reason(s) for this Appeal:**

HOW WOULD YOU LIKE TO TRY TO RESOLVE YOUR APPEAL?

The appeal process has three parts. You may use one or more of these parts. If you don't resolve your disagreement using one part, you may decide to use other parts later.

***Choose the parts you want to use below:**

Note: If you select video below, you must supply an email address.

<input type="checkbox"/> Informal meeting	You meet with the regional center director or someone they choose. You and the regional center will try to resolve your appeal. I want my informal meeting to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone
<input type="checkbox"/> Mediation	You and the regional center meet with a mediator. The mediator does not work for the regional center, or DDS. The mediator helps you and the regional center make an agreement about your appeal. I want my mediation to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone
<input type="checkbox"/> Hearing	Your hearing is with a Hearing Officer. The Hearing Officer does not work for the regional center, or DDS. The Hearing Officer listens to information from you and the regional center, and helps you bring out your facts. Then the Hearing Officer makes a decision about the issues in your appeal request. I want my hearing to be: <input type="checkbox"/> In person; <input type="checkbox"/> by video; and/or <input type="checkbox"/> by telephone

DATES/TIMES NOT AVAILABLE:

Please write any dates and times you are not available within the next 90 days so that your informal meeting, mediation, or hearing is not scheduled during those dates and times:

SIGNATURE SECTION:

The person submitting this form must sign and date in the space below. You may sign this form in ink or electronically. By typing your name, you agree that you have electronically signed this form.

***Signature:**

***Printed Name:**

***Date Signed:**

***If you would like to authorize someone to represent you in your appeal, or if you are requesting this appeal on behalf of another adult, please complete the attached Representative Authorization Form.**

Your rights during the appeal process were provided with your NOA or GFBL, and can be found here: <https://www.dds.ca.gov/wp-content/uploads/2023/03/Appeal-Rights-March-2023-1.pdf>

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