

APPEALING ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS) MEDICAID DECISIONS

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Public Benefits Practice Group
10.2025



EQUAL JUSTICE STARTS HERE

Legal Aid Chicago is a non-profit that provides **free** civil legal services to people with limited income* in Cook County, securing their rights to economic stability, affordable housing, personal safety, fair working conditions, and basic healthcare.

* No financial eligibility requirements for seniors or victims of domestic or sexual violence; higher income limits for certain populations or legal issues, including veterans, people living with HIV, and others.



Children & Families



Consumer



Public Benefits



**Criminal Records
Relief**



Long-Term Care



**Immigrants & Workers'
Rights**



Housing

IL DEPARTMENT OF HUMAN SERVICES



Food Assistance



Medical Assistance



Cash Assistance for Low-Income Families



Cash Assistance for Elderly and People with Disabilities



Cash Assistance for Non-Citizen Victims of Trafficking, Torture, or Other Serious

AGENDA

- What is an appeal?
- What can you appeal and when?
- How do you file an appeal?
- What do you do after filing the appeal?
- How do you handle a hearing?

Note 1

You do not need to be an attorney to file and win IDHS appeals!

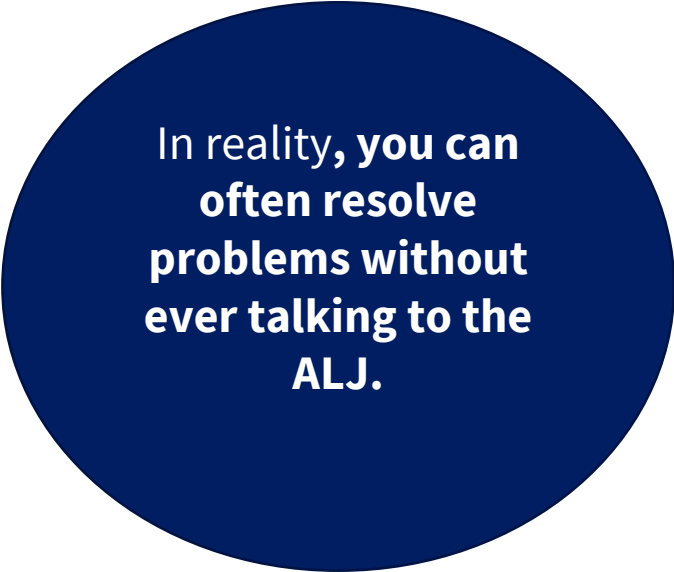
Note 2

Do not withdraw an appeal until you have evidence in writing!
Practice telling them “no”.

WHAT IS AN APPEAL?

“Filing an appeal” is asking for an impartial decision-maker (the administrative law judge (“ALJ”)) to:

- **Assert your due process RIGHTS under the US constitution**
- **Ensure IDHS follows federal and state laws**
- **Fix a mistake that IDHS made so you can get the benefits people are entitled to**
- **Appeals are handled by the Bureau of Hearings (BOH or BAH)**
- **Denial of Medicaid services appealed through the MCO or IDHFS**



In reality, **you can often resolve problems without ever talking to the ALJ.**

WHAT ARE YOU APPEALING?

- Eligibility (e.g., application never processed, denial of Medicaid eligibility) → appeal to IDHS
- Denial of coverage for a medical service → appeal to MCO and/or IDHFS
- Complaint about service delivery → file a grievance

MCO GRIEVANCE

- Can be filed at any time

- Orally or in writing

- Contact MCO to file

<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/mcogrievanceandappealsprocess.pdf>

MCO APPEAL/STATE FAIR HEARING

- Within 60 days of adverse benefit determination
- File according to MCO instructions on adverse benefit determination
 - Can expedite appeal in some situations
- If MCO denies appeal, can request External Review
 - Must file within 30 days

And/or

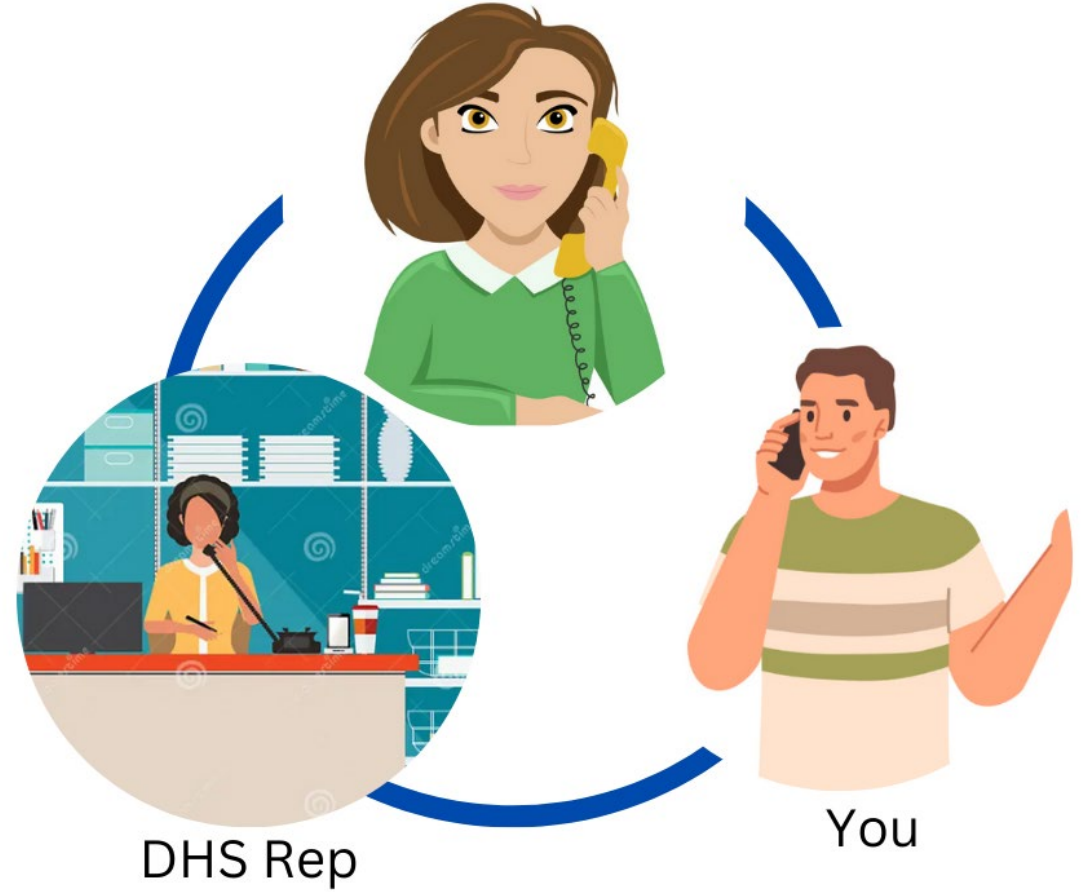
- State Fair Hearing with IDHFS
 - Must file within 120 days of denial notice (within 10 days to continue services)
 - State Fair Hearing is likely best chance to win (can file through Manage My Case or email HFS.FairHearings@illinois.gov)

MEDICAID WAIVER SERVICES APPEAL

- File within 60 days of notice being challenged
- Can be filed online through Manage My Case or by another method listed on notice
 - DHS.HSPApeals@illinois.gov
- May be able to request services continue if filed within 10 days

WHAT IS AN APPEAL HEARING?

Judge



QUICK ASIDE: THE POLICY MANUAL

Policy Manual Chapter Table of Contents

[WORKERS' ACTION GUIDE TABLE OF CONTENTS.](#)

[MEMOS](#) [MANUAL RELEASES](#) [INDEX](#)

<https://www.dhs.state.il.us/page.aspx?item=13473>

Google: “Illinois DHS PM”



Links

[Introduction](#)

[PM 01: Rights and Responsibilities](#)

[PM 02: Initial Request for Benefits](#)

[PM 03: Nonfinancial Factors](#)

[PM 04: Who to Include in the Benefit Unit](#)

[PM 05: Special SNAP Situations](#)

WHEN CAN I APPEAL?

60 days

- Decision related to cash or medical (AABD Medical and Cash, ACA Adult, Family Health Plans, TANF)

90 days

- Decision related to food (SNAP)

No
deadline!

- IDHS fails to send a required notice
- IDHS fails to timely make a decision (45 or 60 days)
- IDHS fails to notify the client that a request was denied

Calculating Dates

Day 1 =

- Date on notice

E.g., if date on medical notice is June 5, 2025, appeal deadline is August 4, 2025.

Date Appeal Filed

Mailed: postmark

Otherwise:

- Date received prior to 5pm.
- If after 5pm, next business day.

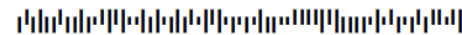
WHEN SHOULD I APPEAL TERMINATION OR REDUCTION?

Continuing Benefits

- MUST file appeal by the later of:
 - *10 calendar days after the date on the notice, or*
 - *The date of change*
- No continuing benefits for missed SNAP redetermination
- Risk of overpayment for SNAP and Cash



State of Illinois
Department of Human Services
Department of Healthcare and Family Services



Date of Notice: December 20, 2023
Case Number: [REDACTED]
Client Name: [REDACTED]
Individual ID: [REDACTED]
Office Name: HUMBOLDT PARK FCRC
Office Address: 2753 W NORTH AVE
CHICAGO, IL 60647
Phone: 773-292-7200
TTY:
Fax: 844-736-3563

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning February 01, 2024, your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will go down. \$700.00 is the new amount of your SNAP Benefits.

Date of Notice: 12/20/2023 + 10 days = 12/30/24
Date of change = 2/1/24
Appeal must be filed before 2/1/24 to request continuing benefits.

QUICK DECISIONS CHECKLIST:

This checklist will not identify all appealable issues or all mistakes IDHS might have made. But it will find many of the kinds of problems you can usually resolve without an attorney:

- ☐ IDHS failed to make a decision on an application or other request
- ☐ Benefits denied or terminated because of missed verifications
- ☐ Failure to include correct household members in the eligibility unit
- ☐ Incorrect Income used
- ☐ Incorrect Resources used
- ☐ Incorrect use of medical expenses to meet spenddown
- ☐ Failed to consider correct Medical category
- ☐ Benefits denied because of failure to submit redetermination where one was submitted on time

MISSED VERIFICATIONS

PM 01-07-08: If notice denies/terminates benefits based on missed verifications and appeal is timely filed, IDHS must accept any information or verifications presented during the appeal process, treat that information and those verifications as if they were available at the time of the original decision, and reverse or modify their decision.

MISSED REDETERMINATION

Unlike verifications, you cannot file an appeal to get IDHS to recognize a redetermination filed after the deadline. However, if you have proof it was filed timely, you can successfully appeal the termination. You can also file a new application while the appeal is pending.

AUTHORIZED REPRESENTATIVE FORM FOR APPEALS

IL 444-0960

Available at:

<https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-0960.pdf>

Note: Form IL 444-2998 authorizes a representative for all matters other than an appeal.



State of Illinois
Department of Human Services

AUTHORIZED REPRESENTATIVE FORM FOR APPEALS

SECTION A

APPELLANT/CLIENT INFORMATION: Complete this section if you are the Appellant/Client (If, signed by the Client's power of attorney or legal guardian per a court order, then you **must** submit that legal document with this form or it will not be accepted).

Appellant/Client Name:		Date of Birth	
Social Security Number:		Individual I.D. Number (if known):	
Name of Authorized Representative for Appeals, named in Section C, below:			
Relationship of Representative for Appeals to Appellant/Client:			
I want to (check only one box):			
<input type="checkbox"/> Appoint a new Authorized Representative for Appeals, pursuant to 89 Ill. Adm. Code 14.21;			
<input type="checkbox"/> Change the powers my Authorized Representative for Appeals has; or			
<input type="checkbox"/> End my Authorized Representative's authorization for Appeals (skip Sections B and C and go to Section D (End My Authorized Representative for Appeals) on Page 3).			

SECTION B

APPELLANT/CLIENT PERMISSION: Complete, sign, and date this section if you are the Appellant/Client.

Item	Things I want my Authorized Representative for Appeals to do for me	Check the boxes that apply
Appeals	<ul style="list-style-type: none">Act on my behalf for Appeals. Representation will continue in the event that I die before the appeal is complete	<input type="checkbox"/>
Survive Death	In the event that I die before a Final Administrative Decision is implemented, I do not authorize this representative to continue with the appeal after my death.	(check if you do not want representation to survive death) <input type="checkbox"/>

HOW TO APPEAL



Method	How?
Orally	<p>Go to FCRC and tell them you want to appeal. Get proof that you did this in writing, or at least, write down: your appeal number, the FCRC rep's name, where you met them, and day/time you met them.</p> <p>Call 1-800-435-0774. Write down: your appeal number, the name of the BAH rep you talked to, and the day/time you talked to them.</p>
In writing	<p><u>Form IL444-0103</u>. Mail (with proof), fax, email, or drop off at the FCRC. Get proof that you did this in writing, or at least, write down: your appeal number, the FCRC rep's name, where you met them, and day/time you met them.</p>
Online	<p>Through the Appeals Portal in Manage My Case (ABE)</p>

HOW TO APPEAL: ONLINE



[Help](#) | [Print](#)

Logged in: bfranklin0253 |  [Logout](#)

[Am I Eligible?](#) | [Apply For Benefits](#) | [Appeals](#)

Hello, Bernice. You are logged in.

Case Summary

Benefit Details

Contact
Information

Account
Management



Report My Changes Click this button to report changes to your DHS or HFS Office.

Apply for Other Benefits Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application](#) or [change report status](#).

We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

Step 1

HOW TO APPEAL: ONLINE

What do you want to do?

Please click a button to tell us what you would like to do before clicking the Next button.

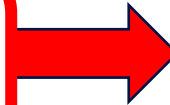
- ☐ Start a new appeal
☐ Check appeal(s) status




Next

Step 2

Indicate why you are appealing the best you can. This is not a test. Sometimes the reason for your appeal isn't listed. Pick the option that is closest. You can explain and even change ("amend") your reason for filing later.



ABE  [Help](#) | [Print](#) Logged in: bfranklin0253 | [Logout](#)

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, Bernice. You are logged in.

Getting Started

Let's get started on the appeal. First, Please give us some basic information. Please answer YES to only those statements that apply to your appeal.

Program Information

Please answer the questions regarding the benefits you are appealing to the best of your ability. If you need clarification on any programs, please click on the blue hyperlinks.

Are you appealing a change or denial of your [SNAP](#) benefits? ☐ Yes ☒ No

Are you appealing a change or denial of your [medical](#) benefits? ☐ Yes ☒ No

Are you [Medicaid](#) eligible, but are appealing a denial of services (Dental, Pharmacy, Items, etc.)? ☐ Yes ☒ No

Are you appealing a decision on your [All Kids](#) medical case? ☐ Yes ☒ No

Are you appealing a change or denial of cash benefits, such as TANF or AABD Cash? ☐ Yes ☒ No

Are you appealing a [child support](#) case? ☐ Yes ☒ No

Are you appealing a change or denial of services through the [Home Services Program](#) (HSP)? ☐ Yes ☒ No

Are you appealing a change, denial, beginning eligibility date, or cancellation of [child care](#) benefits? ☐ Yes ☒ No

Are you appealing a change, denial, beginning eligibility date, or cancellation of [Vocal Rehabilitation](#) benefits? ☐ Yes ☒ No

Are you appealing a denial of services through the Division of [Developmental Disabilities](#) (DD) Program? ☐ Yes ☒ No

Are you appealing your discharge from a [Supportive Living Facility](#) (SLF)? ☐ Yes ☒ No

Are you appealing your placement on, or would like to be removed from, the [HealthCare Worker Registry](#)? ☐ Yes ☒ No

Are you, or have you applied to be, a [WIC Vendor](#)? ☐ Yes ☒ No

Are you appealing a change or denial of services through the [Medically Fragile Technologically Dependent](#) (MFTD) program? ☐ Yes ☒ No

Are you appealing the denial of payment for a [medical bill](#)? ☐ Yes ☒ No

Are you appealing an item not listed above? ☐ Yes ☒ No

[Back](#) [Save and Exit](#) [Next](#)

Step 3

HOW TO APPEAL: ONLINE

SNAP

You indicated that you are appealing your SNAP benefits. If the option is available, please select "yes" if you want to continue your benefits until a decision is made on your appeal.

Note: If you Continue Benefits, and your appeal is unsuccessful, you may have to pay back your continued benefits amount

Date of Notice/Action being appealed:
(if you do not provide this information it
will slow your appeal registration)

MM DD YYYY
 / /

Your Case Number/
Application Number

[click here to choose](#) ▼

Would you like to continue Benefits?
(In some instances, you might not be
eligible to continue benefits)

No ▼

Back

Save and Exit

Next

Step 4

Include the date on the notice, if you have it.
For inactions, we usually put the date of the
application

This is one of the few place in the appeal
where entering incorrect information might
cause confusion later in the appeal process

For terminations and reductions: Change this to "yes" if you want to
receive continuing benefits during the appeal

HOW TO APPEAL: ONLINE

Who are you? ☒ Client ☐ Authorized Representative

What is your relationship to the client?

☐ Attorney
☐ Friend or family member
☐ Parent of a Minor
☐ Legal Guardian
☐ Power of Attorney
☐ Other

Please note that if you are applying for someone else, you will be required to provide your contact information. Additionally, you will be required to upload documentation indicating that you have been authorized to file this appeal. Please see the links at the bottom of the page if you have any questions.

Client Information

Lets get started on the appeal. First, please give us some basic information about the client. Some items have a star (*) next to them. You must fill these items in before you can go on to the next page.

Prefix: * First Name: Middle Initial: * Last Name: Suffix:

* Date of Birth: MM/DD/YYYY / /

* Please Confirm Date of Birth: MM/DD/YYYY / /

Social Security Number: - -

Please Confirm Social Security Number: - -

Gender: Female

* Preferred Language:

Other Language:

Do you need a translator for this hearing with the above-preferred language? ☐ Yes ☐ No

Step 5

If the “authorized representative”, then you must also submit a signed authorized representative form (IL444-0960).

Updating the address here will NOT update the address in recipient’s case. This section only ensures that appeal-related information is sent to the proper address.

Program Information

Our records show that the client applied for or are receiving benefits under the following programs. Below are the details of the program and the client is appealing. Please note, if the appeal is unsuccessful, the client may have to pay back the benefits.

Program Appealing	Case Number / App Number	Benefits to be continued
SNAP	105090511	No

Mailing Address

Please give us the mailing address that you would like all appeal information to be sent.

* Street Address or P.O. Box Number:

APT 1404

* City: CHICAGO * State: Illinois * Zip Code:

Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you do not have one of the items we ask for, just leave it blank.

Home Phone:

Work Phone: Ext:

Cell Phone:

Message Phone:

Step 6

HOW TO APPEAL: ONLINE

Representative Information

The client has the right to have a representative. The representative can be an attorney, friend, family member, or other individual that the client authorized to act on your behalf during the appeals process. Please see the links at the bottom of the page if you have any questions regarding the rights and responsibilities of the Authorized Representative. If you want to add an Authorized Representative, please click the add button below. If you are the representative filling out the appeal request, you must add your contact information by clicking the button below

Representative	Section Complete?	Change or Erase
You have told us that you do not have an Approved Representative.		

Add an Approved Representative

Add

Appeal Filing Signature

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* ☐ By checking this box and typing my name below, I am electronically signing this form.

* First Name : Middle Initial : * Last Name :

PENALTY OF PERJURY

An applicant or registrant who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the Illinois Criminal Code of 2012 and for the purpose of this Section shall be guilty of a class 3 felony.

Back Save and Exit Next

Step 6

Upload authorized rep form here. If you do not have one yet, you can also upload it later, but you may have to upload some document to move forward.

Signature line must match the client's name as written in the system.

HOW TO APPEAL: ONLINE

On the following screen you will get a Confirmation Number and you can download a pdf copy of the appeal itself.
We recommend you write down the confirmation number AND keep a copy of the appeal itself.



**** Do not mail this information. Your appeal was submitted electronically.****

Thank you for using ABE to file your appeal.

[REDACTED], your appeal was submitted July 18th, 2024 at 2:01 PM.

Your appeal tracking number is 2400610720. You will need this number to check the status of your appeal.

CONFIRMATION OF APPEAL



State of Illinois
Department of Human Services



Appeal Number: [REDACTED]
RE: [REDACTED]
Date of Notice: 01/21/2025
Office Name: Appeals DHS Office
Office Address: 69 W WASHINGTON, SUITE 901
CHICAGO, IL 60602
Bureau Email: DHS.BAH@illinois.gov
Phone: (800) 435 - 0774
TTY: (877) 734 - 7429
Fax: (312) 793 - 3387

You can manage your appeal online at
<https://abe.illinois.gov/abe/access/appeals>

Appeal Confirmation

This is to advise you that the Appeals Office has received the appeal filed on **January 16, 2025**. Please note that your Individual ID is [REDACTED].

Please inform the Appeals Office if you have moved.

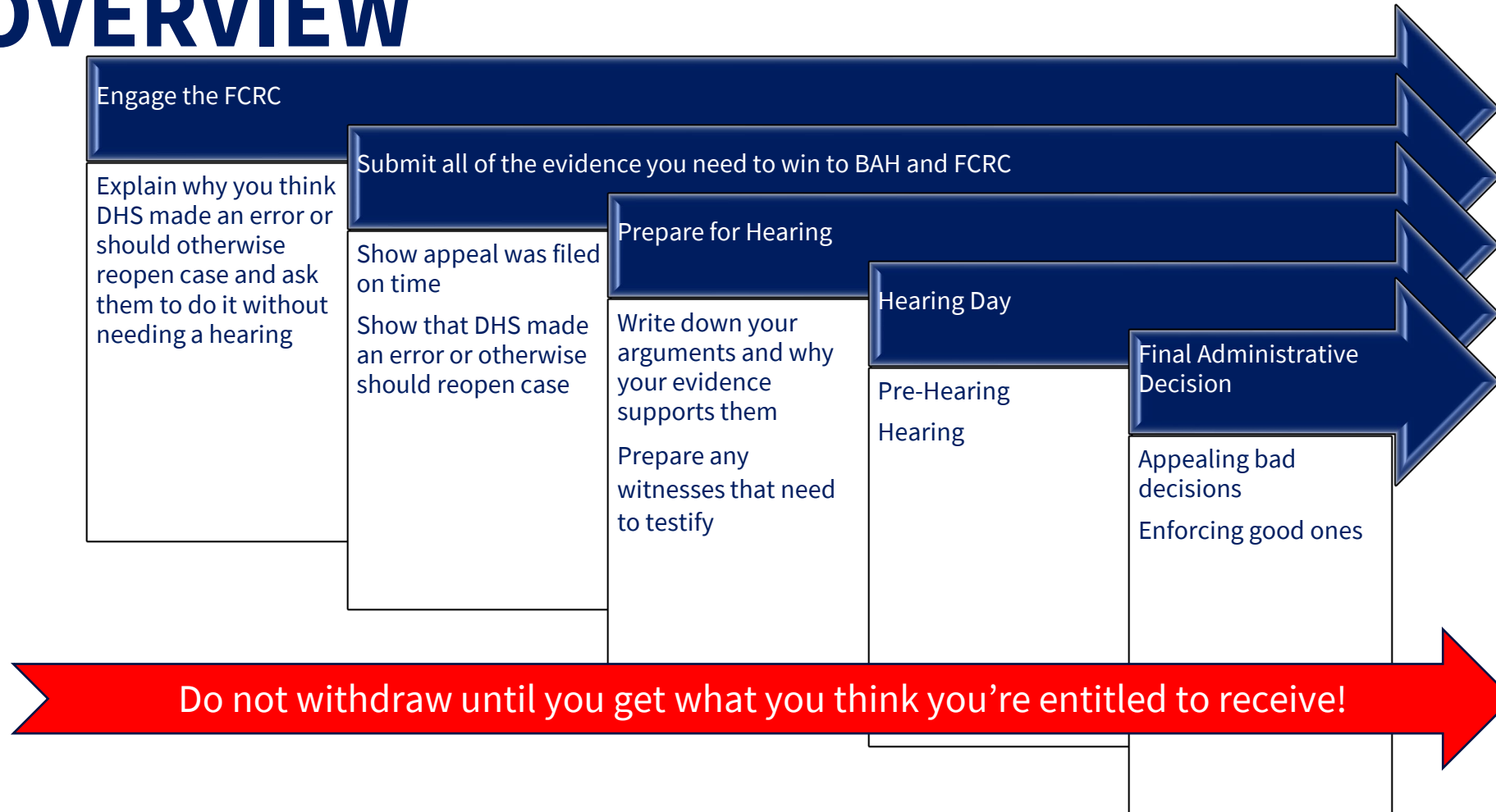
The Appeals Office will send a Hearing Scheduled Letter containing the date and time of the hearing.

Please be aware that you can check the status of your appeal via the Appeals website at <https://abe.illinois.gov/abe/access/appeals>. You can also request a new hearing date, withdraw your appeal, view notices, and see upcoming appointments. *Going on the website to make changes to your appeal will shorten the processing time.* In order to access your account, you will be required to provide either your social security number or your individual ID number [REDACTED] and date of birth.

Thank you for your patience.

Bureau Chief
[REDACTED]

OVERVIEW



After filing the appeal

Engage the FCRC

Pre-Hearing Meetings

- DHS “must” schedule a pre-appeal meeting with the client within **10 days** after the appeal is received. PM 01-07-07.
- You may get a notice asking you to call the FCRC, or the FCRC may call without notice
- Ask them to contact the right person and submit any authorized representative form
- Usually takes place over the phone, but can ask to meet at FCRC if that’s better
- Submit any proof you have and ask FCRC to send you any documents they have
- Take notes of what happens at the meeting
 - Date and time of meeting
 - Name of the FCRC representative you’re talking to
 - Contact information for the FCRC representative so you can follow-up with them
 - Any next steps you need to take
 - Anything the DHS rep says they will do, and deadline for them to do it

After filing the appeal

Prepare for Hearing

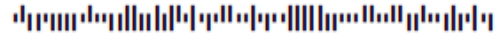
Continue engaging with the FCRC as needed to resolve your appeal.

When your hearing is scheduled, you should receive a notice of the hearing date. Check the contact information

To change the hearing date, submit a written request at least 2 business days before the hearing.
PM 01-07-10-c



State of Illinois
Department of Human Services



Appeal Number: [REDACTED]
RE: [REDACTED]
Date of Notice: 09/12/2024
Office Name: Appeals DHS Office
Office Address: 69 W WASHINGTON 4
CHICAGO, IL 60602
Bureau Email: DHS.BAH@illinois.gov
Phone: (800) 435 - 0774
TTY: (877) 734 - 7429
Fax: (312) 793 - 3387

You can manage your appeal online at
<https://abe.illinois.gov/abe/access/appeals>
Si tiene preguntas sobre este documento o necesita ayuda para traducirlo, por favor contacte (800) 435-0774, (877) 734-7429 (TTY)

Hearing Scheduled Letter

This is to advise that a Hearing Officer will hear this appeal on the following date and time:

October 2, 2024, 9:00AM

This hearing date and time replaces any other scheduled hearing dates, times, or locations referenced in other letters that you received prior to the date of this letter. This letter supersedes all prior scheduling letters under this appeal number.

This hearing will be conducted by telephone. On the hearing date and time, you will be contacted at the following phone number: (773) [REDACTED]. If this phone number is not correct, is listed as a zero because you did not provide a phone number, no phone number is listed, or you do not have access to a phone, you can use the ABE Appeals Portal (abe.illinois.gov/abe/access/appeals) or contact the Appeals Office to provide an updated phone number or suggest an alternative means of conducting the hearing. We will strive to contact



EVIDENCE ISSUES

I didn't do something

- Provide documents (e.g., verifications) as soon as possible (PM 01-07-08)
- Testify at the hearing (will you call any witnesses?)
- Affidavit

DHS didn't do something

- Cross-examine at the hearing: "Isn't it true DHS didn't issue a notice of decision in response to my April application?"
- DHS notices
- Print out from MMC

DHS documents

- Ask DHS representative to produce it
- Ask Judge to ask DHS for it
- Ask Judge to issue a subpoena; difficult and likely only successful if you can explain what other efforts you've made to obtain it

Someone else's documents

- Document efforts to get documents yourself, and ask DHS to help if unsuccessful (DHS has a legal duty to assist)
- Ask Judge to issue a subpoena; difficult and likely only successful if you can explain what other efforts you've made to obtain it and why it is critical for your case

After filing the appeal

Prepare for
Hearing

Right to review your file

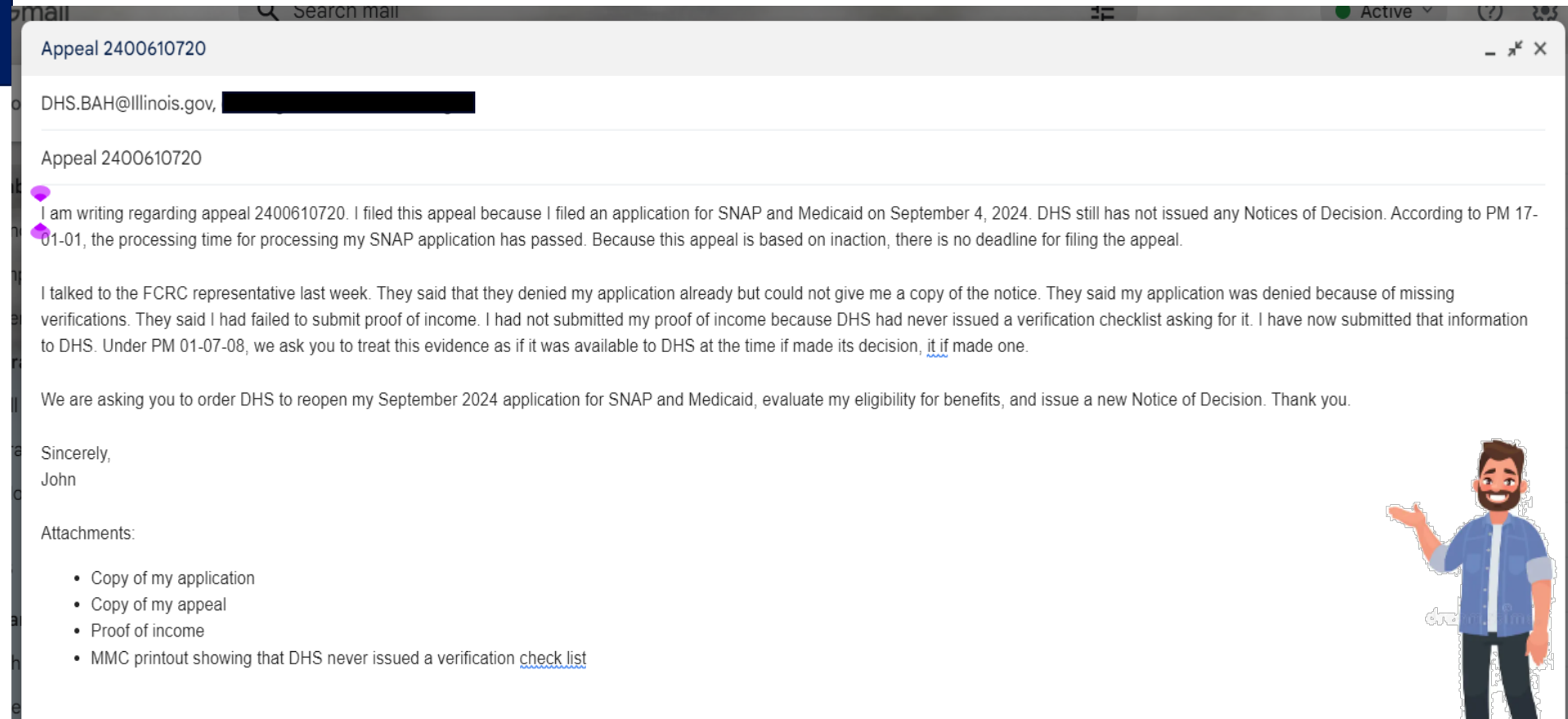
- DHS must provide you with an opportunity to review your file prior to the hearing if you request it (89 Ill. Admin. Code 10.283)
- You can ask for information about benefit history, copies of past applications and redeterminations, information from data sharing systems, etc.
- Keep written proof of all requests/communications with the FCRC and BAH.



After filing the appeal

Prepare for Hearing

Note
Communication and attachments sent to BAH are not easily viewable (if at all) by FCRC staff. If you submit verifications or change contact information with BAH, you still need to submit those to your FCRC.



After filing the appeal

Prepare for Hearing

Note


Documents to support your appeal can be uploaded on the ABE appeals portal, but the FCRC will likely not be able to see them. Any documents to support your appeal uploaded through ABE should be sent to the FCRC separately.

Welcome. This page allows you to manage your appeal. From this page, you can check the status, withdraw, or upload documents for your appeal request.

If you are ready to end your ABE session, be sure to Logout.

Appeal Request Status

This information is current as of 06/10/2025

Appeal Number	Appeal Request Date	Appeal Request / Hearing Status	What actions would you like to take?
	01/16/2025	Hearing record is closed. The Bureau is working on a decision.	Change Contact Information or Add Representative View Appeal Request (HTML) View Appeal Request (PDF) View Appointments View Notices Withdraw Appeal
	04/10/2025	Scheduled	Change Contact Information or Add Representative Manage My Communication Upload Documents View Appeal Request (HTML) View Appeal Request (PDF) View Appointments View Notices Withdraw Appeal



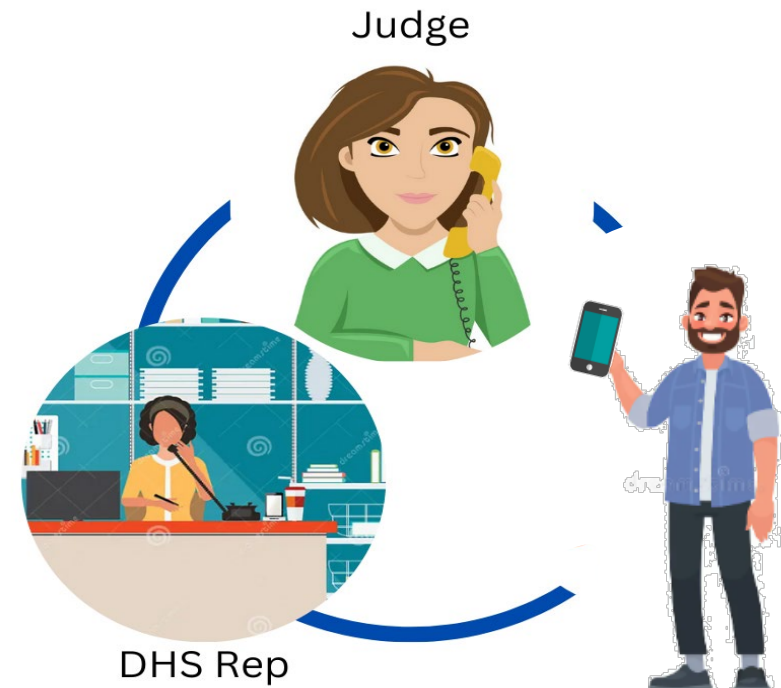
After filing the appeal

Hearing day

The FCRC rep will likely call before the hearing for a final pre-hearing conference. Coach the beneficiary to direct any calls to their representative.

Conversations with the judge usually will be recorded.

If you do not get a call within 1 hour after your hearing start time, email dhs.bahcoordinator@illinois.gov to let them know you're ready and waiting.



After filing the appeal

Hearing day

- Prehearing meeting – likely with someone who never looked at your case before.
- Many times DHS will ask if YOU want a continuance even if IDHS says they need more time. Agreeing to a continuance is usually better than withdrawing the appeal.

PM 01-07-10-c: Request for Hearing Delay

After a hearing starts, you can request it be continued at another time. You will likely get one continuance in each appeal for any reason. After that, you need “good cause.”



After filing the appeal

Hearing day

General Hearing Tips

- Keep the emails you've sent handy. You've already written out your arguments there so you can just read them!
- Keep a checklist of what you need to prove so you can make sure you cover all of your arguments. Ask the judge to confirm they have all the documents you submitted.
- Wait until it's your turn to talk. If you feel like you need to interject, ask the judge first. Generally, direct your comments and arguments to the judge.
- You have a right to cross-examine the FCRC Representative. But it is best not to argue with them.
- You do not need to convince the FCRC Rep that you are right. It's up to the judge now!



Step 4

Final Administrative Decision (FAD)

If you and DHS cannot agree, and the judge holds a full hearing, the judge will issue a written decision. It usually takes at least 30 days before we receive the written decision.

- **The final decision should be issued within 60 days (SNAP only) or 90 days (all other cases) from the date the appeal was filed**, but extended for any hearing delays caused by the person who filed the appeal.
- Appeals of a FAD must be filed in Circuit Court within 35 days after the date on the FAD.

[REDACTED] APPEAL: [REDACTED]
[REDACTED]
[REDACTED] CASE: [REDACTED]
Dear [REDACTED]

The Illinois Department of Human Services reviewed your appeal, considered and adopted the Findings of Fact of the Hearing Officer, and issued the Department's Final Administrative Decision, a copy of which is attached. The attached is the Final Administrative Decision as to Medicaid issues. The decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing for such review may be as short as 35 days from the date of this letter, which is the date that it was deposited in the United States mail.

Withdrawing Appeals

- Make sure you have a detailed agreement in writing (ideally, a new Notice of Decision that shows IDHS took the requested action)
- Can withdraw on the record at hearing, ABE, or DHS withdrawal hotline
- If neither authorized representative nor recipient show up for hearing, it will be dismissed
- If you are the authorized representative, make sure recipient understands not to withdraw by any method without your knowledge
- If IDHS does not follow through on what they agreed to do, can file a new inaction appeal based on written agreement

QUESTIONS

