



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**EPSDT FAIR HEARING REQUEST FORM**

You have the right to request a Fair Hearing (file an appeal) with the Idaho Department of Health and Welfare (IDHW) if you are not satisfied with the decision to deny your Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Request within 28 days of the date on the Notice of Decision (denial). Rules governing appeals rights and processes can be found within IDAPA 16.05.03 at: <https://adminrules.idaho.gov/rules/current/16/160503.pdf>

**FAIR HEARING CHECK-LIST:**

- Requests for State Fair Hearings can only be submitted within 28 calendar days of the date on the Notice of Decision (denial) from IDHW
- A complete copy of the Notice of Decision (denial) from IDHW
- If you are not the member, you must be the guardian or have authorized consent via signature from the participant or guardian

<b>PARTICIPANT INFORMATION:</b>				
Participant Name:	Date of Birth:	Medicaid ID #:	Participant Phone #:	
Participant Street Address:		City:	State:	ZIP Code:

<b>PARENT/GUARDIAN INFORMATION: (IF APPLICABLE)</b>				
Parent/Guardian Name:	Relationship to Participant:		Phone #:	
Parent/Guardian Street Address:		City:	State:	ZIP Code:

<b>AUTHORIZED REPRESENTATIVE INFORMATION: (IF APPLICABLE)</b>				
Representative Name:		Representative Phone #:	Relationship to Participant:	
Representative Street Address:		City:	State:	ZIP Code:
Participant /Parent/Guardian signature authorizing the above representative authority to represent the participant:				Date:

<b>FAIR HEARING INFORMATION:</b>		
Service(s) Being Appealed:	Dates of Service Denied: (If Applicable)	Date Denial was Generated:
Reason for Appeal: (Attach additional documentation if needed)		

<b>ADMINISTRATIVE PROCEDURES SECTION – HEARING COORDINATOR, IDAHO DEPARTMENT OF HEALTH AND WELFARE:</b>			
<b>Mail To:</b> PO Box 83720, Boise, ID 83720-0036	<b>Fax:</b> (208) 334-6558 <b>Phone:</b> (208) 334-5747	<b>Deliver To:</b> 450 West State St. 10 <sup>th</sup> Floor, Boise, ID 83720-0036	<b>Email To:</b> <a href="mailto:APS@dhw.idaho.gov">APS@dhw.idaho.gov</a>