



► Guide: Requesting a Fair Hearing to Challenge Involuntary Discharge from Comprehensive Community Services (CCS)

This guide is for Medicaid Participants only.

This resource is meant to be a general guide for people with disabilities, not legal advice. For legal advice specific to your situation, please talk to an attorney.

Introduction

If you have been involuntarily discharged or unwillingly removed from the Comprehensive Community Services (CCS) program, you have the right to a fair hearing. You can ask for a fair hearing from the Division of Hearings and Appeals (DHA).

Your right is supported by a recent Wisconsin Court of Appeals Decision, *Schott v. Wisconsin Department of Health and Human Services*, 421 Wis.2d 453, 2026 WI App 34.

The Process

To request a fair hearing, you need to submit the “**Request for Fair Hearing**” form to the Division of Hearings and Appeals.

Find the form here: doa.wi.gov/DHA/WFSHrgReqForm.pdf

Under the section titled “*Check type of benefit and action taken that you are appealing*”, check “Medical Assistance” and then “Terminated (Benefits Ending).”

1-800-928-8778 Toll Free | disabilityrightswi.org

Your request for a hearing must be submitted within **45 days** of the day your Comprehensive Community Services was terminated.

You may want to include a letter with your completed request form. The following letter is an example of what you could send to the Division of Hearings and Appeals for requesting an appeal hearing for involuntary discharge from the program. This sample letter is not intended to be legal advice.

Date

Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

Dear DHA,

My county's Comprehensive Community Services (CCS) provider recently discharged me from their program. That decision was communicated to me in a notice dated _____. I disagree with the program's decision.

According to *Schott v. Department of Health and Human Services*, I am entitled to a fair hearing to challenge the decision to end my Medicaid-funded CCS service. (Schott v. Wisconsin Department of Health and Human Services, 421 Wis.2d 453, 2026 WI App 34.)

Please see the attached form requesting that I be scheduled for a fair hearing.

Sincerely,

Name

Mailing Address

Telephone

E-mail

enc Discharge Notice, Request for Fair Hearing