



**REQUEST FOR ADMINISTRATIVE APPEAL HEARING  
RESIDENTIAL TREATMENT SERVICES PROVIDER (RTSP) /  
CHILD PLACING AGENCY (CPA) RATES**

State Form 55062 (R2 / 3-13)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:**

1. To request an administrative appeal hearing concerning a RTSP / CPA contract rate with the Indiana Department of Child Services (DCS) the RTSP / CPA must:
  - a. Have requested an administrative review of the contract rate and received a Notice of Administrative Review Decision and Right to Administrative Appeal from DCS.
  - b. Fill out this request completely and attach all supporting documentation for your appeal.
  - c. Mail this completed form, with your supporting documentation and a copy of the Notice of Administrative Review Decision and Right to Administrative Appeal to:  
**Indiana Department of Child Services  
Office of General Counsel, Hearings and Appeals – MS47  
302 West Washington Street, Room E306  
Indianapolis, IN 46204**
2. A Request for Administrative Appeal must be submitted within fifteen (15) days of receipt of the administrative review decision pursuant to 465 IAC 2-16-27 or 465 IAC 2-17-28.
3. Upon receipt of a timely filed, complete request for appeal, Hearings and Appeals will send the RTSP/CPA written notification of applicable administrative appeal hearing procedures and the date, time and place for the administrative hearing.

Name of Vendor-Petitioner	Rate year
Check the appropriate box for the cost report type: <input type="checkbox"/> Residential Treatment Services Provider <input type="checkbox"/> Licensed Child Placing Agency	Cost report identification number
Address of Vendor-Petitioner (number and street, city, state, and ZIP code)	Telephone number of Vendor-Petitioner (     )
E-mail address of Vendor-Petitioner	County
Name of Vendor-Petitioner attorney (if applicable)	Telephone number of attorney (     )
Address of Vendor-Petitioner Attorney (number and street, city, state, and ZIP code)	
This request for administrative appeal of a DCS administrative review decision is being submitted under (check all that apply):  <div style="text-align: center;">465 IAC 2-16 (RTSP)</div> <input type="checkbox"/> regarding a base rate and/or other cost based rate(s) based on errors made in the cost report submitted to DCS. <input type="checkbox"/> regarding a base rate and/or other cost based rate(s) based on errors made in the calculation of the rate. <input type="checkbox"/> regarding a base rate and/or other cost based rate(s) based on errors made in the determination of the reasonableness of any cost. <input type="checkbox"/> regarding a base rate and/or other cost based rate(s) because the determination of the rate by DCS has a material adverse impact on child welfare in Indiana that an existing provider in the state of Indiana cannot adequately address.  <div style="text-align: center;">465 IAC 2-17 (CPA)</div> <input type="checkbox"/> regarding the administrative payment and/or other cost based rate(s) based on errors made in the cost report submitted to DCS. <input type="checkbox"/> regarding the administrative payment and/or other cost based rate(s) based on errors made in the calculation of the administrative payment. <input type="checkbox"/> regarding the administrative payment and/or other cost based rate(s) based on errors in the determination of the reasonableness of any cost. <input type="checkbox"/> regarding the administrative payment and/or other cost based rate(s) because the determination of the administrative payment by DCS has an adverse impact on child welfare in Indiana that an existing provider in the state of Indiana cannot adequately address.	
Please state facts demonstrating how Vendor-Petitioner is aggrieved or adversely affected by the decision (additional paper or the back of this page may be used if necessary).	
Signature of Vendor-Petitioner Executive Director	Date (month, day, year)
Printed name of Vendor-Petitioner Executive Director	