

**DEPARTMENT OF HUMAN SERVICE
Seniors and People with Disabilities**

APPLICABLE LAWS AND RULES

If you do not agree with this decision and you believe that it is based in error, you have the right to request a hearing before an impartial hearing officer within 30 days following the effective date of this decision. You must request a hearing on AFS form 443. You may obtain AFS 443 form from your local AFS office, Area Agency on Aging or Disability Services Office, or by calling 1-888-390-5437. This is a toll-free call. Address your hearing request to MHDDSD/ Waiver Coordinator, 500 Summer Street, Salem, Oregon 97301.

You have a right to a hearing with any of the following: 1) denial of your choice between institutional care or home and community based care; 2) denial of your choice of type of service; 3) denial of the amount of service; or 4) denial of your provider of choice.

If you ask for a hearing you may have witnesses to testify on your behalf and have legal counsel or other representation, including (but not limited to) relatives and friends. We cannot pay the expense of bringing witnesses or of an attorney. You may be able to get legal services through a legal aid office or the local bar association.

If you choose to contest this ruling agency files on the subject of the case matter being contested will become part of the contested case record.

This notice will become a final order should the individual or the individuals legal representative fail to request a hearing within a 30-day period from the date of the notice of denial.

The individual or his/her legal representative shall be offered the opportunity for an informal case review by MHDDSD/Waiver Coordinator or by a designee.

These statements are in accordance with OAR 461-025-300 through 461-025-385.