

Developmental Disabilities Services

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Number: APD-IM-15-011

Issue date: 1/30/2015

Topic: Developmental Disabilities

Subject: Updated Administrative Hearing Request Form to be used to request hearings about DD services (SDS 0443DD)

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | <input checked="" type="checkbox"/> Other (please specify): Eligibility specialists, services coordinators, and employees that fill out hearing requests |
| <input checked="" type="checkbox"/> Child Welfare Programs | |

Message:

Effective 2/1/2015, a revised version of the Administrative Hearing Request Form (SDS 0443DD) should be used to request hearings. This new version of the form should be provided to clients or representatives so the client can request a hearing in response to a denial, reduction, suspension, or termination of DD services.

ODDS revised the DD Administrative Hearing Request Form (SDS 0443) to reflect an increase in the allowable amount of time for clients to request a hearing. Per Medicaid 42 C.F.R. 431.221, ODDS must allow applicants or beneficiaries a reasonable time (90 days) to request a hearing from the date that a notice of an adverse action is mailed.

The form was also reformatted and reorganized in response to feedback from local developmental disability offices and end users. Changes include a larger font and updates to assist clients in getting help in preparing for an administrative hearing.

Employees that work with DD clients should also be familiar with Parts 1-5 of the form. Clients may verbally request a hearing by speaking directly with a local CDDP office or support service brokerage, caseworker, or a DHS or ODDS employee. If a client

verbally requests a hearing, the employee must fill out the revised Administrative Hearing Request form (SDS 0443DD) and fax the form to 503-373-7274.

The revised Administrative Hearing Request form (SDS 0443DD) is available here:

English: <https://apps.state.or.us/Forms/Served/se0443dd.doc>

Spanish: <https://apps.state.or.us/Forms/Served/ss0443dd.doc>

Russian: <https://apps.state.or.us/Forms/Served/sr0443dd.doc>

Vietnamese: <https://apps.state.or.us/Forms/Served/sv0443dd.doc>

If you have any questions about this information, contact:

Contact(s):	Mike Paul, Diagnosis & Evaluation Coordinator		
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