

Lilia Teninty

Authorized Signature

Number: APD-PT-17-036

Issue date: 9/20/2017

UPDATED

Topic: Developmental Disabilities

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

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 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 type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input checked="" type="checkbox"/> Other (please specify): Brokerage Directors; Personal Agents; Service Coordinators |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Submission of Hearing Requests and documents		
Policy/rule number(s):	OAR 411-318	Release no:	V1
Effective date:	October 1, 2017	Expiration:	
References:			
Web address:			

Discussion/interpretation:

When a Developmental Disabilities Service has been denied, reduced, suspended or terminated a Notification of Planned Action must be provided. When the individual chooses to contest the decision/action identified on the Notification of Planned Action, they may request a hearing either orally or in writing. There are very tight and specific timelines that follow when an individual chooses to ask for a hearing. This policy clarification identifies ways to help the Department meet the required timelines.

Implementation/transition instructions:

Hearing requested (orally or in writing)

Offer to assist the individual with the submission of a hearing request (0443DD form) or offer them assistance in completing the 0443DD form on their behalf. The hearing request/0443DD form must be submitted to ODDS no later than three business days following the receipt of the oral or written request.

If an employee of the CDDP, CIIS or Brokerage receives the 0443DD directly, it is critical that a copy of the Notification of Planned Action (NOPA) is submitted simultaneously with the 0443DD. If the supporting records cannot be submitted at the same time, they must be received at ODDS no later than 3 business days following the receipt of the hearing request.

Completion of the 0443DD form:

If an oral hearing request is received, the person receiving the hearing request must ensure that all fields on the hearing request form are completed. Make sure to denote who transcribed the form in the "Signature of claimant:" field.

Representation:

An employee of the CDDP, CIIS, or Brokerage may not be the representative for the individual for purposes of representing them during a hearing. Do not write an employee of the CDDP, CIIS, or Brokerage down as a representative for the individual.

Continuing Benefits:

If an employee of the CDDP, CIIS, or Brokerage fills out the 0443 DD as the individual, the employee of the local program must ask if the individual wishes for their benefits to remain the same and mark the appropriate box. A discussion regarding the potential for an overpayment must occur and be documented in progress notes.

Date Stamping:

If the CDDP, CIIS or Brokerage receives an oral request for a hearing, a date stamp must be added to the 0443DD form. This can be anywhere on the form as long as it is clearly visible. The date that is stamped/hand written as the 'date stamp' must be either:

- The same business day that the 0443DD form, email or other written document was received, or
- The same business day that the oral hearing request was receive in person or on a voice message, or
- The following business day that the hearing request was made if the request was received on a non-business day or after hours

*** Note: the date stamp is not the day that the individual mailed or faxed the request unless it was also received by the CDDP, CIIS or Brokerage on this same date***

Supporting records:

If the CDDP, CIIS or Brokerage is submitting the 0443DD hearing request form, the following supporting records must be submitted within 3 business days if not already submitted along with the 0443DD and NOPA:

- The Notification of Planned Action (and any previous versions if amended)
- The last two Individual Support Plans (ISPs)
- The last two Functional Needs Assessments (ANA or CNA)
- Progress notes covering the issue identified on the hearing request. This might include a range of progress notes or just specific notes
- Paperwork that documents guardianship if the individual has a guardian
- Other supporting documentation such as:
 - Risk Identification Tool,
 - Functional Behavior Assessment
 - Behavior Support Plan
 - Person Centered Information

Submitting 0443DD to ODDS:

When submitting records to ODDS, include the following details:

- The name, phone number and email address of the current case manager for the claimant.
- Provide the name, phone # and email address of the supervisor of the above mentioned case manager.

Local/branch action required:

Submit timely hearing requests and supporting documentation

Central office action required:

Submission to APD hearing representative office for assignment of hearing representative

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s):	Chelas Kronenberg		
Phone:	971-600-7892	Fax:	
Email:	Chelas.A.Kronenberg@state.or.us		