



ODP Announcement

Now Available: Updated Fair Hearing Request Form (DP 458)

ODP Communication Number 109-18

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

AUDIENCE: Individuals and Families, Administrative Entity (AE) Administrators or Directors, County Administrators, Supports Coordination Organizations (SCO), Providers of Targeted Support Management and Other Interested Parties

PURPOSE: To announce that the Office of Developmental Programs (ODP) updated the Fair Hearing Request Form (DP 458) and replaced older versions on MyODP and the Department of Human Services (DHS) website.

DISCUSSION:

The Fair Hearing Request Form (DP 458) is used by individuals and families to object to the following actions taken by the Administrative Entity (AE), County Program, Supports Coordination Organization (through the auto authorization process) or ODP and to request a fair hearing before the Department of Human Services, Bureau of Hearings and Appeals:

- An individual is determined likely to meet an Intermediate Care Facility for persons with an Intellectual Disability (ICF/ID) or Other Related Conditions (ICF/ORC) level of care and is enrolled to receive Medical Assistance but is not given the opportunity to express a service delivery preference for either Waiver or ICF/ID services.
- An individual is denied preference of Waiver, Targeted Support Management, or ICF/ID services.
- Based on a referral from the AE or County Program, a Qualified Developmental Disability Professional (QDDP) determines that an individual does not require an ICF/ID or ICF/ORC level of care and eligibility for services denied or terminated.

- An individual is denied Waiver service(s) of their choice, including the amount, duration, and scope of service(s).
- An individual is denied the choice of willing and qualified Waiver or Targeted Support Management provider(s).
- A decision or an action is taken to deny, suspend, reduce, or terminate a Waiver service authorized on the individual's Individual Support Plan (ISP).

If an individual or family needs assistance completing the form, the AE, County Program, Supports Coordinator or Targeted Support Manager may help.

The Fair Hearing Request Form should not be completed for actions taken by the County Program regarding base-funded services. Base-funded services are services that are not paid for through a waiver and do not include Targeted Support Management. Denial of eligibility for base-funded services and individuals who have had base-funded services denied, reduced or terminated have the right to appeal under the Local Agency Law.

The Fair Hearing Request Form should not be completed for actions taken regarding services in the Adult Autism Waiver or Adult Community Autism Program at this time. ODP staff are discussing the possibility of using this form for all waivers and home and community-based services programs (such as the Adult Community Autism Program) in the future and will release communications and guidance when this occurs. For now, individuals who would like information about how to request a fair hearing for an action regarding the Adult Autism Waiver or Adult Community Autism Program should talk to their Supports Coordinator.

ODP has updated the Fair Hearing Request Form and accompanying instructions to reflect the current process for requesting a fair hearing as well as current terminology. The changes to this form align with 55 Pa. Code Chapter 275 regarding "Appeal and Fair Hearing and Administrative Disqualification Hearings" which apply to individuals. ODP is translating the form into Spanish. A communication will be released when this process is completed.

The updated Fair Hearing Request Form and accompanying instructions are included as an attachment to this communication. Within the next week, this form will also be accessible on MyODP and the Department of Human Services website. To access the form on MyODP follow this path: Resources> Intellectual Disability> Forms. Individuals will either need to login using their MyODP username and password or login in as a guest.

ODP is replacing the older version of the Fair Hearing Request Form attached to ODP bulletins on the DHS website: <http://www.dhs.pa.gov/publications/bulletinsearch/index.htm>.

CONTACT: Questions about this communication should be directed to the appropriate Office of Developmental Programs Regional Office.

ATTACHMENT: Fair Hearing Request Form (DP 458) and Instructions