

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0665 (SS) **Subject:** Right of Waiver Recipient to Appeal/
Right to a State Hearing

Effective Date: 11-19-03 **Last Revision:** 08-07-17

Person Responsible: Director of Service and Support Administration

Approvals/Date: Brent Cohen 8/21/17 Charles R. [Signature] 8/14/17
Superintendent, WCBDD Date Department Director Date

1. Wood County Board of DD wishes to ensure that the rights of individuals are respected. Below outlines the appeal procedures to be followed when a waiver service is terminated or reduced.
2. When a team intends to terminate one or more previously approved waiver services or reduce the amount, frequency, or duration of one of more previously approved waiver services, ODJFS rule 5101:6-2-04 requires the Board to send by certified mail or personal delivery to the waiver recipient a notice of this proposed action. This is true even when the individual receiving services is present at the ISP meeting when the termination or reduction is discussed and signs the ISP signature sheet, or when the Individual himself or herself states that he or she no longer wishes to receive services or wishes to reduce the services. The ODJFS form #4065, "Important Notice About Your Welfare Benefits, Prior Notice of Right to State Hearing," must be used to notify waiver recipients of the proposed adverse action no less than fifteen (15) days before the action is implemented. Similarly, ODDD and/or ODJFS must notify waiver service applicants and recipients of any proposal to deny or terminate waiver services fifteen (15) days prior to the effective date. Typically, state-initiated adverse actions involve a denial of level of care or Medicaid eligibility for an individual. It is important to remember that the Board must send an ODJFS form #7334, "Notice of Denial of Your Application for Assistance," when the Board denies a written or verbal request to add or increase waiver services beyond those specified on the current ISP.
3. Directions for completing the 4065 are as follows:
 - a. The date on which the notice is given to an individual or mailed is not counted as one of the 15 days.
 - b. If the last day of the time period falls on a weekend or holiday, the time period is extended to include the next working day.
 - c. Information must be presented in an understandable manner.
 - d. Individuals have the right to an authorized representative. The service facilitator may assist the individual in naming an authorized representative.
 - e. At the time the individual is requesting the service, the individual will be given in writing information on their right to a state hearing and the method of requesting a hearing.
 - f. When a request is being denied or reduced, the individuals and authorized representatives must be informed in writing of the action to be taken and the reasons; the date of the action; the applicable regulations; an explanation of the right to and method of obtaining a county conference; state hearing and method to request hearing; name and telephone number of the person who can answer questions and a telephone number for free legal advice.
 - g. A fifteen (15) day prior notice must be given of intention to withhold, reduce, suspend, or terminate benefits. If a state hearing is requested within 15 days of the notice being given, the services will not be suspended until a decision is rendered regarding the appeal.
 - h. Even if the individual does not appeal within the 15 days, they still have ninety (90) days to request a hearing. However, the services may be reduced or denied after the 15-day time period.

References: ODJFS rule 5101:6-2-04

Forms: ODJFS Form # 4065 – Important Notice About Your Welfare Benefits, prior Notice of Right to State Hearing
ODJFS Form # 7334 – Notice of Denial of Your Application for Assistance

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