1. PURPOSE

The purpose of this procedure is to establish protocols for when the Department on Disability Services (DDS), Developmental Disabilities Administration (DDA) shall issue a person notice of appeal rights regarding his or her Individual Support Plan (ISP); and to establish an internal request for reconsideration process.

2. APPLICABILITY

These procedures apply to all DDA employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with intellectual and developmental disabilities.

3. PROCEDURES

A. Notice of Right to Request DDS Reconsideration and of Medicaid Fair Hearing Appeal Rights

1. DDS Service Planning and Coordination Division (SPCD) shall provide timely and adequate notice to a person of his or her right to request reconsideration and/
or file for a Medicaid fair hearing, upon completion of a person’s initial and annual ISP; and at each ISP amendment.

2. In addition to written notice, at each ISP meeting, the service coordinator shall inform the person of his or her appeal rights.

3. Timely means that the written notice is sent in accordance with the DDA ISP Distribution procedure, within ten (10) business days of the date the ISP has been approved by DDA.

4. Adequate means that the written notice includes:
   a. A statement of the action taken by DDA;
   b. The reason for the action;
   c. That the person can contact his or her service coordinator at any time to request an internal review or for assistance with requesting a Medicaid fair hearing;
   d. An explanation of the person’s right to an informal agency review and/or a Medicaid fair hearing at the Office of Administrative Hearings (“OAH”);
   e. The method by which the person may request an informal agency review or demand a Medicaid fair hearing;
   f. That the informal agency review is not required and does not toll the time that a person has to file with OAH; and that the person may immediately file a Medicaid fair hearing request with OAH;
   g. That a person filing a Medicaid fair hearing request may request to continue to receive a Medicaid services that was proposed to be reduced, terminated, or suspended, while the appeal is pending;
   h. The person may represent himself or herself, or use legal counsel, a relative, a friend or other person for assistance; and
   i. Referral information for area legal services organizations.

B. DDS Reconsideration Process

1. A person may request DDS reconsideration of the following aspects of his or her ISP:
   a. Any denial, termination, reduction, or suspension of services;
   b. Whether the assessments performed or arranged by DDS or the provider for the development and review of a person’s ISP were sufficient for that purpose;
   c. Whether the goals identified in the ISP are consistent with and promote the outcomes identified by the ISP team;
   d. Whether the types of supports identified by the person or their ISP team afford the most integrated community setting and are appropriate and available to meet the goals stated in the ISP;
   e. Whether the team’s assessment of the person’s ability to make health, financial and other personal decisions is consistent with the available evidence; and
f. Whether the ISP is being implemented as approved.

2. If a person selects to request reconsideration of his or her ISP, using the DDA internal review process, he or she must inform his or her service coordinator of the request within thirty (30) calendar days, plus five (5) days for mailing, of the notice and ISP.

3. Notification of a request for reconsideration may be in writing, by telephone or in-person. The person may ask his or her service coordinator or a DDA Rights and Advocacy Specialist for assistance with the appeal.

4. Within five (5) business days of the receipt of the notification of the intent to appeal the determination decision, the Program Manager of SPCD, or his or her designee, shall contact the person and, where applicable, his or her representative and/or substitute decision-maker, to schedule a Level I review meeting.

5. The Level I review meeting will include, at a minimum, the following: the person, his or her representative and/or substitute decision-maker, if applicable, the person’s service coordinator, and the assigned Service Coordinator Manager, and any other DDA staff, as needed.
   a. The person and/or his or her designee may provide any additional information that was not provided during the ISP pre-planning meeting or ISP meeting.
   b. If additional information is provided in the Level I meeting, the SPCD team shall, within ten (10) business days of the Level I meeting, review this information in conjunction with the information provided in the ISP pre-planning and planning meetings, and make a determination of whether to make the requested changes to the person’s ISP.
   c. Within five (5) business days, SPCD shall notify in writing and with one telephone call the person and/or his or her representative, legal guardian and referral source, if applicable, of the determination decision.
   d. If no additional information is provided in the Level I meeting, or if SPCD determines that there should be no change to the person’s ISP after review of the additional information provided in the Level I meeting, the person may, within twenty (20) business days, appeal the determination to the DDS Deputy Director for DDA (Deputy Director) in writing, by telephone, or in person at DDA. The person may ask his or her service coordinator or a DDA Rights and Advocacy Specialist for assistance with the appeal.

6. The Deputy Director shall review the person’s file and may opt to convene a Level II review meeting for a re-evaluation of the person’s ISP; or to provide a written statement of final determination to the applicant and/or his or her representative, and substitute decision-maker, if applicable.
   a. Any Level II review meeting will be convened within ten (10) business days of the person’s appeal.
b. The Level II review meeting shall include, but not be limited to, the following: the person, his or her representative, and substitute decision-maker, if applicable the Deputy Director, and any other DDA staff, as needed. The person may also invite other members of his or her support team.

7. Within five (5) business days of the Level II review meeting, or within ten (10) business days of receipt of the request for a Level II review where the Deputy Director does not convene a Level II review meeting, the Deputy Director will provide a final written decision to all parties. If the written decision denies the person’s request for a change in his or her ISP, it shall outline additional steps that could be taken to seek redress.

8. The agency review contemplated by this provision is an informal process by which the person and their legal representative may seek reconsideration of a DDA decision. It does not replace a person’s right to request appeal or fair hearing for Medicaid benefits.