

DeAnna Hartwig
Authorized Signature

Number: SPD-IM-06-093
Issue Date: 12/1/2006

Topic: Long Term Care

CORRECTED

Subject: COLA Increases and the Pay-In

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message:

Per OAR 461-175-0230, clients in non-standard living situations must receive a timely continuing benefit notice when there is an increase in their client liability. This includes the COLA increases that happen each year.

A form has been created that meets these notice requirements. The form is the 540P – Notification of Increase in Service Payment. This form can be used anytime there is an increase in liability including COLA increases. This form is not currently in Oregon ACCESS but it is available on the forms server at :

<http://dhsforms.hr.state.or.us/Forms/Served/SE0540P.pdf>

Attached is a copy of the notice with the COLA pre-filled on it for this years increases. You may use this notice or use the blank 540P located on the forms server.

For the 2007 COLA increases, these notices must be mailed no later than January 12th for those clients who have requested alternate formats and January 19th for all others.

If you have any questions about this information, contact:

Contact(s):	Sarah D. Lambert		
Phone:	503-945-6834	Fax:	503-373-7902
E-mail:	Sarah.D.Lambert@state.or.us		

Notice of Increase in Service Payment



SDS 0540P

Client

Date sent

Case number

Prime number

Date of birth

SSN

Program

Branch code

Worker

DHS is taking the actions checked below. If you have any questions, please call your worker. Read page 2 for information about your hearing rights and continuing your benefits until you have a hearing decision.

This notice must be mailed 10 calendar days before the action's effective date (15 days for alternate formats) to comply with the rule 461-175-0030.

As of Feb, 1, 2007 , your service payment will be increased to \$.
(OARs 411-015-0015, 411-027-0000, 411-030-0070, 411-040-0000, 461-140-0010, 461-160-0560, 461-160-0610, 461-160-0620 and 461-185-0050).

- You pay the actual cost of your service and:
 - Your service needs have changed. You are now receiving more hours of care or additional services. The additional hours or additional services have caused your service payment to go up.
 - There has been change in cost of your services because of a provider rate increase.
- You pay the Department the difference between your adjusted income and the Medicaid standard for your services. Your adjusted income has increased, so the cost of your service payment has increased.
- You receive Independent Choices (IC) cash benefits and your in-home needs have changed. More assigned hours of service have been added. This has caused your service payment (pay-in) to increase and net monthly benefit to decrease. As a result, your next monthly IC cash benefit will be less.

Other: Your federal Social Security check will be more starting in January. This will increase the liability you pay to the State. We must use this increase to determine the assistance you get. Even if you do not get a check, you can still get help with medical care. You will still get a medical card.

Your Hearing Rights

The front of this notice may tell you the parts of this page that apply to your case. In some cases, none of them will apply.

Keep this notice! If you ask for a hearing, the Department of Human Services (DHS) will ask you for a copy of it.

Part 1 - About Hearings: *What to do when you do not agree with a DHS decision.*

- a. You have the right to talk with a person in charge. You may ask for a meeting by contacting your branch.
- b. Under Oregon Revised Statute Chapter 183, you have the right to ask for a hearing if you do not agree with a DHS decision. Hearings are held before an Administrative Law Judge who works for the Office of Administrative Hearings.
- c. At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. You can have a lawyer or someone else help you. *For General Assistance (GA), child care and cash for families (TANF)*, only a lawyer or someone from a non-profit legal service can represent you. We cannot pay the costs of witnesses or a lawyer. You may be able to get free legal services through a Legal Aid office or the local Bar Association.
- d. If you do not ask for a hearing on time, you lose your right to have one. You must ask for a hearing within 45 days (90 days for food benefits) from the date on the notice about the decision. *For cash, child care or medical benefits*, you must fill out an Administrative Hearing Request form (DHS 0443). You can get this at a DHS office or by going to <http://www.dhs.state.or.us> and clicking on Forms. Someone at your branch office can help you fill out the form. Forms must be returned to a DHS office. *For food benefits*, you can ask for a hearing on a DHS 0443, by phone, in writing, or by asking a DHS staff member in person.

Part 2 - Continuing Your Benefits: *How to keep getting benefits until your hearing.*

- a. You can ask that your benefits stay the same until the hearing decision. *For cash, child care, and medical benefits*, you do this on the Administrative Hearing Request form (DHS 0443). *For food benefits*, you can ask for continuing benefits on the DHS 0443, by phone, in writing, or by asking a DHS staff member in person.
- b. You must ask your branch for a hearing and benefits by a certain date. The date is either the "effective date" on the notice or 10 days after the "date of notice." To keep getting benefits, you must ask by whichever date is *later*.
- c. If you keep getting benefits and the hearing is not in your favor, you must pay back the benefits you should not have received.
- d. If you don't keep getting benefits and the hearing is in your favor, we will give you benefits you should have received.

Part 3 - About "Expedited" Hearings: *Can you have your hearing sooner than usual?*

You have the right to have your hearing within five working days in the following cases:

- a. Your request for Emergency Assistance or Temporary Assistance for Domestic Violence (TA-DVS) is denied.
- b. You disagree with the amount or form of payment for Emergency Assistance or TA-DVS.
- c. The department denied your request to keep getting benefits until your hearing.
- d. Your request to get food benefits within seven days ("expedited" food benefits) is denied or you disagree with a DHS action that affects whether your household can get expedited food benefits.
- e. You are getting medical benefits and you have been denied a medical service, *and* a medical review by DHS shows your medical condition is an immediate, serious threat to your life or health.
- f. If you are denied a JOBS support service payment, or it is not issued within the legal time frame.
- g. If DHS stops or reduces a JOBS payment that you have been getting.

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons.

DHS 447 (11/04)