

**Seniors and People with Disabilities**

Carolyn Ross  
Authorized Signature

**Number:** SPD-IM-08-085  
**Issue Date:** 11/10/2008

**Topic:** Agency-wide Policy

**Subject:** SPD Hearing Representatives Contact Information; AND Updated/Revised  
SPD Hearing Request Protocol.

**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: SPD HEARING REPRESENTATIVES CONTACT INFORMATION;**

Brenda Reed, WorkForce Klamath, 801 Oak St., Klamath Falls, OR (541)-883-5777;  
Chris Ellis, 251 NE Garden Valley Blvd., Ste. A, Roseburg, OR (541) 440-3427 x227;  
Kurt Kessler, 28 W. 6<sup>th</sup> St., Medford, OR (541) 776-6187;  
Michael Cook, 4805 SW Griffith Dr., Ste. B, Beaverton, OR (503) 469-2060;  
Shae Armstrong, 133 SE Second, Hillsboro, OR (503) 615-4677;  
SPD Hearing Coordinator FAX: (503) 945-6296.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Carolyn Ross Janet Morse		
<b>Phone:</b>	503-945-6209 503-947-5481	<b>Fax:</b>	503-945-6296
<b>E-mail:</b>	<a href="mailto:Carolyn.Ross@state.or.us">Carolyn.Ross@state.or.us</a> <a href="mailto:Janet.E.Morse@state.or.us">Janet.E.Morse@state.or.us</a>		

# UPDATED/REVISED HEARING REQUEST PROTOCOLS

Revised November 2008

- Review and insure completeness for the following when sending the 443 (Administrative Hearing Request):
  - The date stamp needs to be on the 443 and legible before being sent to the SPD Hearings Coordinator.
  - The 443 needs to be filled out completely. If fields are not filled out or boxes not checked, the SPD Hearings Coordinator will return the 443 to the local office for completion and ask that it be re-faxed. Example fields include:
    1. Date of Notice
    2. Date of Initial Hearing Req.
    3. Date 443 Rec'd by DHS
    4. Program #
    5. Cost Center
    6. Case Number
    7. Worker ID
    8. No 540 attached or explanation on fax cover sheet
    9. No copy of back side of notice (Your Hearing Rights)
    10. "Claimant is non-English speaking?" box not checked
    11. Alternate format box not checked
    12. Page(s) missing
  - Send the 540 (**include all pages, both sides of the notice - even if page 2 is blank and all pages of "Your Hearing Rights"**), the 443 and, if appropriate, the 462a.

## **AID PAID PENDING:**

Aid Paid Pending requests must be reviewed by local office supervisor/manager before submitting the hearing request to ensure the date criteria is met to receive aid paid pending:

- The date is either the "effective date" on the notice, or;
- Ten (10) days after the "date of notice";
- The client must ask for APD by whichever date is **later.**

If the local office supervisor/manager cannot determine whether aid paid pending should be granted a notation stating this needs to be included on the fax cover sheet.

If the claimant does **NOT** qualify for aid paid pending, the hearings representative will send the claimant a notice denying aid paid pending.

## **SUBMITTING HEARING REQUESTS TO SPD FIELD SERVICES**

- Use the [“Hearings Fax Transmittal Request”](#) template for sending hearing requests.
- Local office should only fax the following to the SPD Hearings Coordinator:
  - [“Hearings Fax Transmittal Request”](#) cover sheet (template)
  - 443 Administrative Hearing Request
  - 540 Notice of Planned Action
  - 462a Medical Assistance Denial
  - Back side of the notices (“Your Hearing Rights”)
  - Any documents associated with the hearing request

The assigned hearings representative will request all other documents needed by FAX or mail.

- Hearing requests should NOT be sent directly to the hearings representative.
- All completed hearing requests must be submitted to the SPD Hearings Coordinator, even if the issue has been resolved at the local level because proper notice must be sent to the client on withdrawals or reversals.
- If Decision Notices are not submitted, you **MUST** provide a written explanation where indicated at the bottom of the Hearing Request Fax Transmittal.
- If a 443 has not been fully completed by the client and information is missing, **do not send the 443 back to the client.** Make all efforts available to contact the client to gather the information and then submit the 443 to the SPD Hearings Coordinator.

## **PROCEDURES FOR SPECIFIC HEARINGS**

### **DMAP Hearing Requests:**

DMAP Hearing Requests should be sent directly to the DMAP Hearings Coordinator. Requests can be faxed to Cynthia White, Hearings Coordinator, at 503-373-7689.

### **Eviction of a client from a facility:**

The types of hearing requests listed below should be sent to the appropriate Program Coordinator in the Long-Term Care Quality Office:

- Adult Foster Home (AFH)
- Assisted Living Facility (ALF)
- Residential Care Facility (RCF)
- Nursing Facility (NF)

## **Appeals of Criminal History Checks for Subject Individuals:**

### **Criminal History Check Denials (CHC)**

**NOTE: This now includes both Oregon and Out of State denials**

Subject individual completes the DHS 0299 Hearing Request and sends it directly to the DHS Criminal Records Unit, PO Box 14870, Salem, OR 97309-5066. The DHS Criminal Records Unit completes the process once the request is received.

All Criminal Record check hearings go directly to the DHS Criminal Records Unit for processing.

## **PROCEDURES FOR HOMECARE WORKER HEARINGS**

### **HCW Terminations (Does not include Criminal History Checks):**

#### **HCW Immediate Termination:**

The Department may immediately terminate a provider enrollment on the date the violation is discovered, prior to the outcome of the administrative review when an alleged violation presents imminent danger to current or future clients. The homecare worker may file an appeal of the decision within ten (10) business days from the date of the notice in the following order:

- SPD Central Office
- Office of Administrative Hearings

SPD Central Office will conduct the Administrative Review and review and reconsider the decision to terminate the Homecare Workers Provider enrollment. A written response will be sent to the Homecare Worker within ten (10) business days of the review date.

If the Administrative Review determines the decision was justified to terminate, the homecare worker will be notified in writing and may request an administrative hearing on the DHS 0443H form.

#### **HCW Termination Pending Appeal:**

When a violation does not present imminent danger to current or future clients, the provider enrollment will not be terminated during the first ten business days of the Administrative Review appeal period. The Homecare Worker may file an appeal within ten (10) business days from the date of the notice in the following order:

- The Program Manager (or designee) at the local office

- SPD Central Office
- Office of Administrative Hearings

If the homecare worker appeals in writing prior to the deadline for the appeal, the enrollment will not be terminated until the conclusion of the Administrative Review.

### **Home Care Worker Hearing Rights Brochure and Forms:**

DHS 0443H & DHS 9003H (See attached [SPD-PT-04-040](#))

### **Expedited Hearings:**

Expedited hearing requests are sent to the SPD Hearings Coordinator. Review OAR 461-025-0315 regarding expedited hearings for food stamps and other programs and OAR 410-141-025 regarding expedited medical (medical or dental problem that cannot wait for the normal review process.) DMAP provides a representative for these expedited hearings.

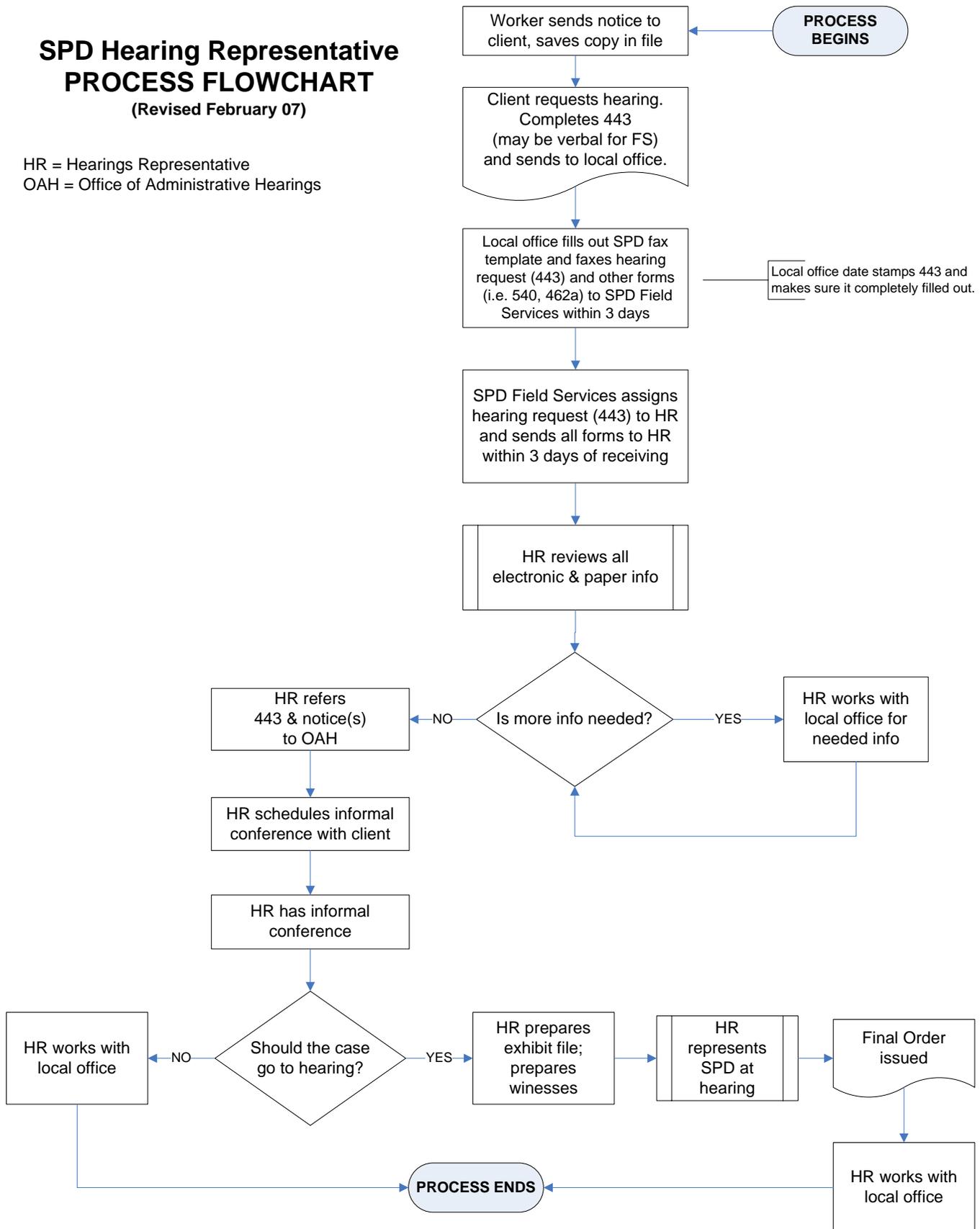
### **ADDITIONAL INFORMATION:**

- SPD Hearings Process Flowchart (*See page 5*)
- Appeals of Criminal History Checks for Subject Individuals Flowchart (*See page 6*)
- Appeals of Homecare Worker Terminations:
  - HCW Termination Pending Appeal Flowchart (*See page 7*)
  - HCW Immediate Termination Process Flowchart (*See page 8*)

# SPD Hearing Representative PROCESS FLOWCHART

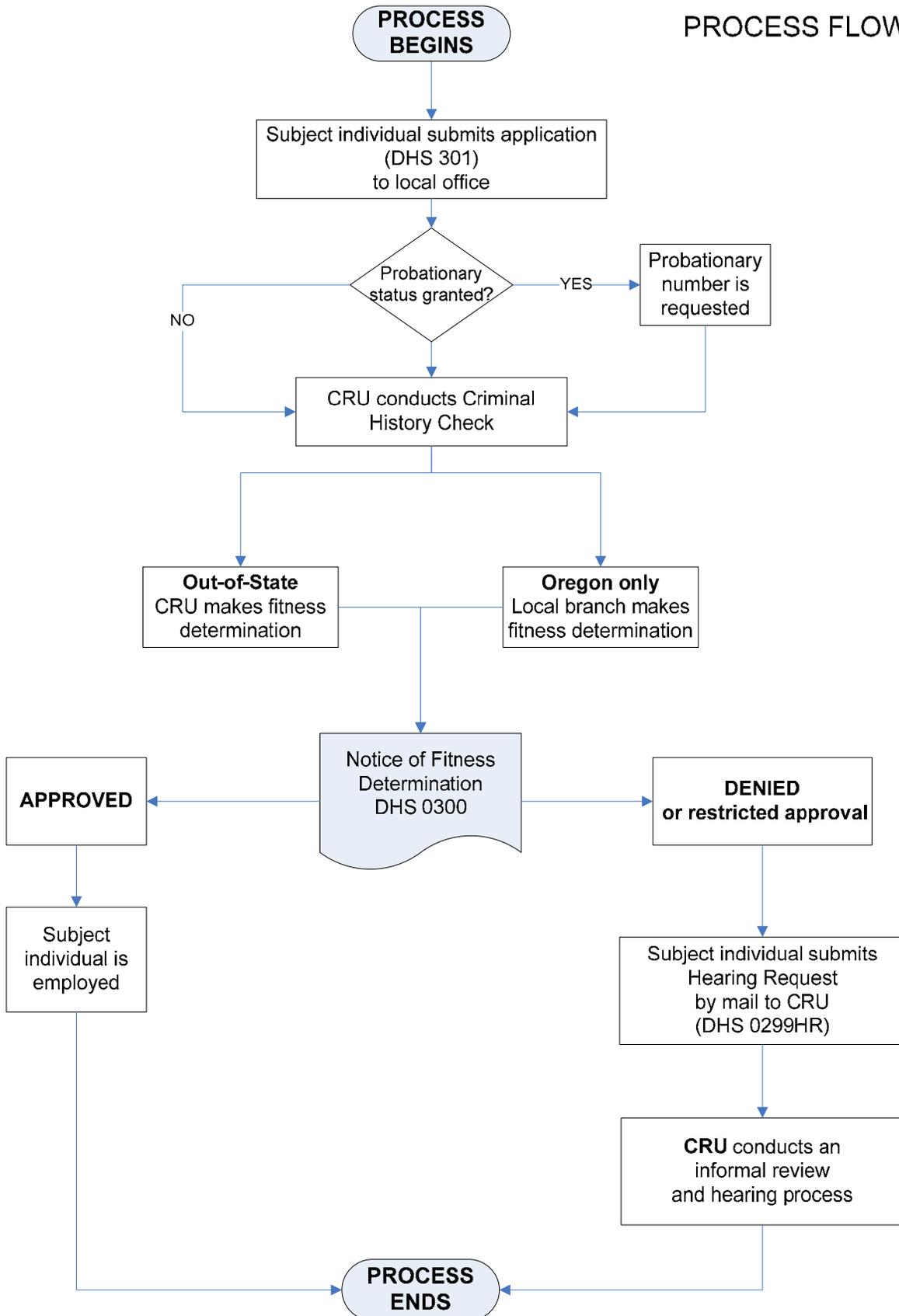
(Revised February 07)

HR = Hearings Representative  
OAH = Office of Administrative Hearings



# Appeals of Criminal History Checks for Subject Individuals

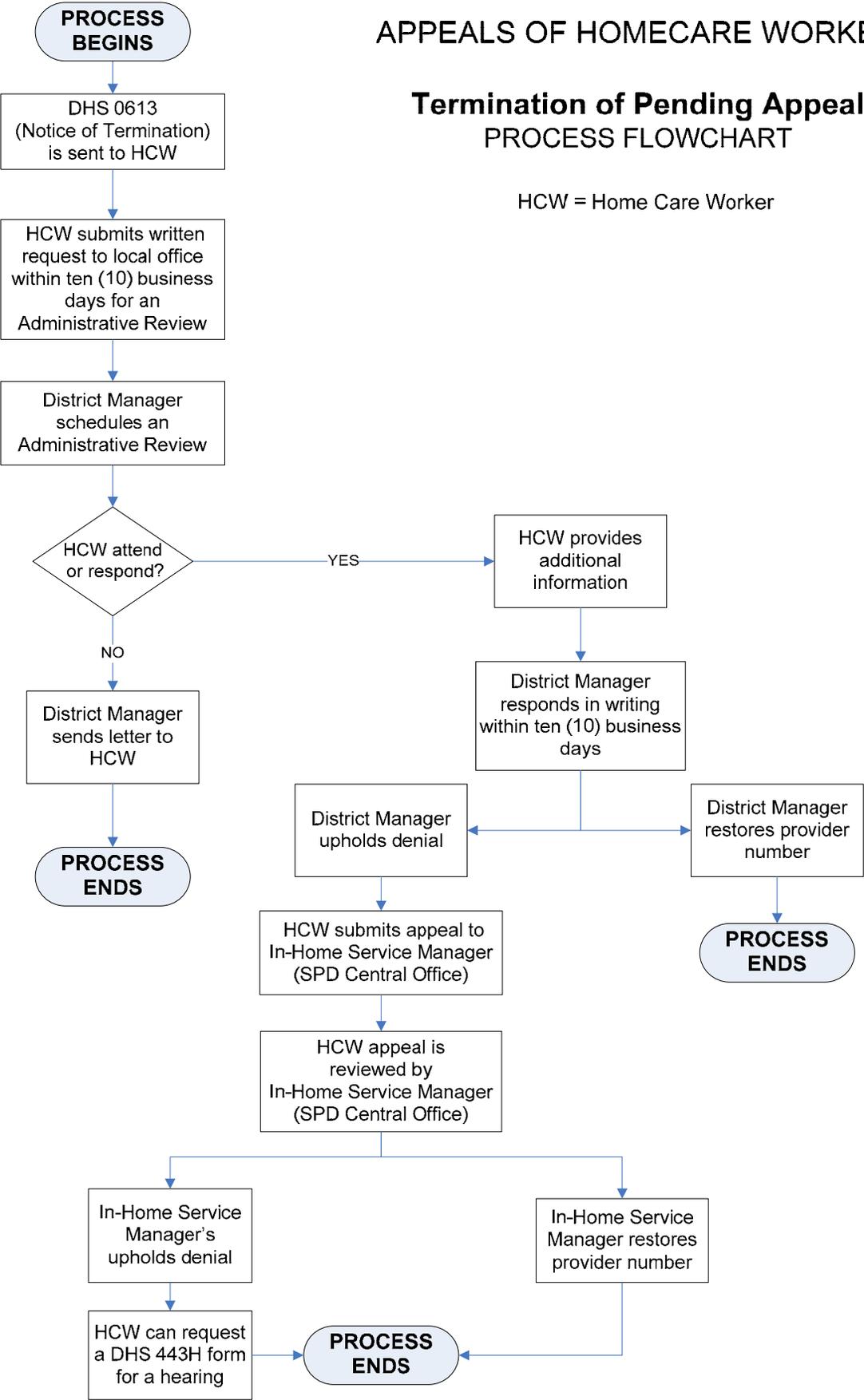
## PROCESS FLOWCHART



# APPEALS OF HOMECARE WORKER

## Termination of Pending Appeal PROCESS FLOWCHART

HCW = Home Care Worker



# APPEALS OF HOMECARE WORKER

## Immediate Termination PROCESS FLOWCHART

HCW = Home Care Worker

