

LIFE
Fair Hearings and Appeals Process
Additional Rights through the Medical Assistance Program

A written notice of the right to a fair hearing shall be provided under LIFE to ensure that:

- a) each consumer who chooses community based care is involved in his/her choice of services.
- b) LIFE services under the plan of care are not denied, reduced, terminated or suspended without giving the consumer the right to a fair hearing.

Consumer is defined as a person who is being considered for LIFE services or who is an LIFE participant. Plan of care means the plan developed by the LIFE team which meets the requirements as defined in state and federal requirements for the program.

The consumer's right to a fair hearing under this process does not include appeal and fair hearing rights related to the determination of a consumer's financial and level of care eligibility for Medical Assistance benefits. A consumer is separately notified in writing of the right to request a hearing when a decision is made on eligibility and when any change in eligibility occurs. The written notices of this right appear on Forms PA 162, PA 162-A and PA 162-C, which are issued by the County Assistance Office. Any request for a hearing dealing with the area of eligibility including reduction, discontinuance and suspension of Medical Assistance benefits, should be referred to the local County Assistance Office.

*Address and Phone Number
Of Your Local County Assistance Office*

Consumer Representation Related to LIFE Services:

Unless the person is adjudicated incompetent and has had a guardian appointed, LIFE consumers have the right to represent themselves or to select another person to represent them during the fair hearing process. The person who represents the consumer is considered the legal representative for the purpose of this process. A representative may be a trusted friend, advocate, human services worker, professional, parent or sibling selected by the consumer. The representative may also be free legal services or the consumer's personal attorney. The LIFE provider is responsible for informing the consumer concerning where free legal services may be available, if requested.

Procedures on Notification:

Unless the consumer has given prior consent, the LIFE provider shall provide the consumer (or representative) with at least 30-days advance notice to reduce, terminate or suspend services indicated in the plan of care. The LIFE provider shall provide written notice to the consumer in the event a request for service is denied.

The advance notice shall be sent to the consumer (or representative) together with the LIFE Appeal Process. The consumer must first follow the LIFE provider's internal Appeal process. The consumer will receive written notice of the final outcome of the provider's Appeal Process. If the appeal is not resolved to the consumer's satisfaction, the LIFE provider will send the consumer this process and the Fair Hearing Notice in Attachment 1.

The LIFE provider shall retain a copy of the advance notice and outcome of the Appeal process for at least two years after the date the action is implemented. If implementation is postponed due to a fair hearing, the LIFE provider shall retain a copy of all documentation the order of the Office of Hearings and Appeals for two years from the date the order takes effect.

Procedures on Handling a Request for Fair Hearing:

A request for fair hearing must be made by the consumer (or representative) on the form contained in Attachment 1. The request must be mailed within 30 days of receipt of the notice of the LIFE provider's final outcome of the LIFE provider's Appeal Process to:

Bureau of Hearings and Appeals
Address (This address is **not** Office of Long Term Living – see link below)
<http://www.dpw.state.pa.us/dpworganization/officeofadministration/bureauofhearingsandappeals/bureauofhearingsandappealsorganization/index.htm>

A copy of the request for fair hearing must be forwarded to the LIFE Provider at:

Address of
LIFE
Provider

Within two days of receipt of the request for a fair hearing, the LIFE Provider shall:

1. Contact the consumer or representative to determine if they would like to attempt to resolve the hearing through an administrative review; and/or
2. Forward a copy of the request, together with the advance notice to the Department of Public Welfare's Office of Hearings and Appeals.

If a copy of the request for fair hearing is postmarked or received by the LIFE provider within ten days of consumer's receipt of notification of the final outcome, the LIFE provider shall not implement the proposed action pending the result of the hearing. The consumer may be liable for costs of contested services if the hearing is not resolved in their favor.

If the appeal is resolved informally before the hearing date, the LIFE provider shall notify the Office of Hearing and Appeals. Such notification shall be accompanied by a statement signed and dated by the consumer or representative that the consumer is withdrawing the appeal and request for a fair hearing.

If the hearing is held, the LIFE provider shall be available at the hearing to present evidence supporting the proposed action.

Either party will have the opportunity to request reconsideration of the administrative hearing by submitting a request to the Secretary of Public Welfare of the Department (or his designee) within fifteen (15) days from the date of the order. If a request for reconsideration is filed in a timely manner, the action ordered by the Office of Hearings and Appeals will be stayed.

In view of the automatic stay, LIFE provider must ascertain immediately after the 15th day whether the consumer has filed for reconsideration by contacting the Office of Hearing and Appeals. If no reconsideration is filed, the LIFE provider shall immediately implement the order.

ATTACHMENT 1
NOTICE OF YOUR RIGHT TO A FAIR HEARING UNDER THE LIFE PROGRAM

NAME: _____

ADDRESS: _____

You have the right to appeal any action or failure to act and to have a hearing if you are dissatisfied with any decision to deny, suspend, reduce or terminate service provided to you under the LIFE Program. You will not be granted a hearing, however, if the action taken was caused by State or Federal law or regulation requiring a change in the type of services available under the program.

At the hearing you can present to the Hearing Officer the reasons why you think the proposed action is incorrect and present evidence or a witness to support your case. You have the right to represent yourself or to have anyone represent you. A staff member of the LIFE provider will refer you for free legal help if you so request.

If you speak a language other than English or have problems in communicating or if you need an interpreter, you are encouraged to bring your own interpreter to the hearing. If you are unable to provide your own interpreter, you may request help in obtaining an interpreter, but you must make that request in advance of the hearing.

If you and your representative would like to meet with the LIFE provider to discuss the matter informally or to present information which may change the proposed action, please contact them at **[provider phone number]**. This will not delay or replace your fair hearing unless you stipulate in writing that you are withdrawing your appeal.

You must request a hearing within 30 days of the date you are notified of the final outcome of the LIFE provider's internal Appeal process. If your request is postmarked or received within 10 days of the date of this notice, the proposed action will be postponed until the outcome of the hearing.

HOW TO REQUEST A FAIR HEARING

To appeal and request a hearing, you may call the LIFE provider Executive Director at *phone number*, but you must also put your appeal in writing as follows:

1. Fill out and sign one copy of this form, give the reasons for your appeal, your telephone number, and your exact address.

2. Mail this form to the Office of Hearings and Appeals at:

Bureau of Hearing and Appeals

<http://www.dpw.state.pa.us/dpworganization/officeofadministration/bureauofhearingsandappeals/bureauofhearingsandappealsorganization/index.htm>

3. Mail a copy of this form to the LIFE Provider at:

**Name and
Address of
LIFE Provider**

Check if you need an interpreter [] What language? _____

The Office of Hearing and Appeals will hold a hearing for you either over the telephone or face-to-face. You may choose which type you want. If you do not have a telephone in your home and cannot get to one (for example, friend or relative's telephone) you may go to the telephone hearing at your local LIFE provider. If you do not want a telephone hearing, a face-to-face hearing will be scheduled for you at the closest available location.

I WANT TO REQUEST A HEARING BECAUSE

1. My LIFE plan of care is being denied, terminated, suspended or reduced without my consent.

2. Additional Information (Use additional paper if necessary)

3. Please check one box below to indicate the type of hearing you want:

[] I want a telephone hearing [] I want a face-to-face hearing

Date Consumer Signature Telephone Number

Consumer Address

Date Consumer Representative Telephone Number

Consumer Representative Address