

MENTAL RETARDATION WAIVER SERVICES IN PENNSYLVANIA

In Pennsylvania, an array of in-home and community-based services and supports are available to individuals with mental retardation. Most of those services and supports are funded through Medical Assistance "waivers." Unfortunately, there is a great deal of confusion about waiver services which can limit the opportunities of individuals with mental retardation to access necessary services and supports. This booklet attempts to clarify some of the key questions concerning waiver services to assist individuals with mental retardation, their caregivers, and lay advocates. **PLEASE NOTE: THE INFORMATION IN THIS BOOKLET IS NOT INTENDED TO CONSTITUTE LEGAL ADVICE APPLICABLE TO SPECIFIC FACTUAL SITUATIONS.**

What Are Medical Assistance Waivers?

Most people with mental retardation are eligible for Medical Assistance, a program which pays for a range of health care services (such as physician visits, dental care, home health services, ICF/MR services, and nursing home services). Medical Assistance, however, generally does not fund a number of services that individuals with mental retardation need to stay in their own homes and communities, such as small group homes, day habilitation programs, vocational services, case management, and chore services. Other services that persons with mental retardation may need (such as physical, occupational, or speech therapies) may be available under Medical Assistance, but may be more limited than is needed. When the Medical Assistance statute was originally written, the primary mental retardation service available under the traditional Medical Assistance program was ICF/MR programs, which generally are provided in congregate, institutional settings.

In 1981, Congress decided that states should be encouraged to shift their Medical Assistance resources from institutional settings (like ICF/MR programs or nursing facilities) to more integrated community-based settings. Instead of mandating

that states provide home and community-based services, Congress gave states flexibility to create their own programs of home and community-based services. These programs are known as "home and community-based waivers."¹

Home and community-based waivers (which must be approved by the federal government) allow states to:

- ◆ specify the types of services that may be provided;
- ◆ provide services beyond those traditionally covered by Medical Assistance;
- ◆ cap the number of people who may receive services under the waiver;
- ◆ limit the services to people in one or more specific geographic regions;
- ◆ cap the amount of spending that any individual's services may cost.

In order to receive approval for a home and community-based waiver, a state must demonstrate that the waiver is "cost-neutral." This means that, on average, the cost of the home and community-based services cannot be greater than the cost of institutional services. In addition, the state may refuse to offer waiver services to any person for whom it expects the cost of waiver services to exceed the cost of institutional services. Since the cost of waiver services are, as a general matter, less than the cost of institutional services, few people (if anyone) should be rejected on "cost-neutrality" grounds.

Are There Waivers For People With Mental Retardation in Pennsylvania?

Pennsylvania has received federal approval for numerous home and community-based waivers to serve individuals with disabilities. There are waivers for people with physical disabilities; a waiver for people who have AIDS; a waiver for people who are technology-dependent; a waiver for people who are deaf and blind; a waiver for people

¹ Sometimes these waivers are called "HCB" waivers or "Section 2176" waivers or "Section 1396n(c)" waivers.

who are elderly; and a waiver to provide early intervention services (including services for youngsters with mental retardation).

Pennsylvania also has received approval to provide services specifically for persons with mental retardation through several home and community-based waivers:

- ◆ In the mid-1980s, Pennsylvania created a waiver for persons with mental retardation that is now generally known as the "Consolidated" Mental Retardation Waiver. This Waiver remains in effect and is the largest of the mental retardation waivers in the Commonwealth in terms of the number of people served, the scope of services available, and the amount of funding available.
- ◆ In 1999, Pennsylvania created the "Person/Family Directed Support Waiver" or "P/FDS Waiver," which also provides services to persons with mental retardation.

What Are The Differences Between The Two MR Waivers?

Although the Consolidated and P/FDS Waivers both serve people with mental retardation, there are significant differences between them. Those differences include:

- ◆ Eligibility Criteria
 - ◇ Non-Financial
 - Consolidated Waiver -- The applicant must have mental retardation sufficient to qualify for an ICF/MR level of care.
 - P/FDS Waiver -- The applicant must: (1) have mental retardation sufficient to qualify for an ICF/MR level of care; (2) be over age three; and (3) not presently reside in a licensed community or family living home
 - ◇ Financial

- Consolidated Waiver -- Generally, people who receive Medical Assistance are eligible. Additionally, people who are not currently Medical Assistance recipients but whose income is within 300% of the SSI federal benefit are eligible for services.²
 - P/FDS Waiver -- The same financial eligibility standards described above are applicable to the P/FDS Waiver. In addition, persons may be eligible for services under the P/FDS Waiver if they are deemed to be "medically needy," which for single individuals means that they have income of no more than about \$2,600 in a six-month period and assets worth no more than about \$2,400.
- ◆ Cap on the Number of Persons Eligible
- ◇ Consolidated Waiver -- As of June 30, 2000, services under this Waiver were limited to 12,292 persons.
 - ◇ P/FDS Waiver -- As of June 30, 2000, services under this Waiver were limited to 3,382 persons.
- ◆ Cost of Services
- ◇ Consolidated Waiver -- There is no limit on the cost of service other than the general cost-neutrality limits discussed previously.
 - ◇ P/FDS Waiver -- The cost of Waiver services cannot exceed \$20,000 per year for an individual.
- ◆ Types of Services

² Effective January 1, 2001, the federal benefit will be \$530 for an individual and \$796 for a couple. Thus, a person who is not otherwise eligible for Medical Assistance but whose income is no greater than \$1,590 per month (or \$2,388 for a couple) would be eligible for services under the Consolidated Waiver.

◇ Consolidated Waiver

- Case management
- Residential programs
- Day habilitation
- Pre-vocational services
- Supported employment services
- Educational services
- Chore services
- Private duty nursing
- Specialized therapy
- Permanency planning for children and youth
- Respite care
- Environmental accessibility adaptations
- Transportation

◇ P/FDS Waiver

- Residential programs
- Day habilitation
- Pre-vocational services
- Supported employment services
- Chore services
- Respite care
- Environmental accessibility adaptations
- Transportation
- Expanded therapy services (that is, therapy beyond that allowed under traditional Medical Assistance benefits);
- Adaptive appliances and equipment

- Visual/mobility therapy
- Behavior therapy
- Visiting nurse

Can I Receive Services Under Both MR Waivers?

An individual cannot receive services under both MR Waivers at the same time. This should not, however, preclude an individual from moving from one Waiver to the other.

Are All People With Mental Retardation Entitled To Services Under The MR Waivers?

Each home and community-based waiver identifies a specific number of persons who DPW intends to serve under the MR Waivers during each year. Once the cap on the Waiver is reached, DPW need not provide services under the Waiver to any additional persons who might otherwise be eligible. DPW has taken the position that it has no obligation to provide services under its home and community-based waivers to the number of people it identifies. Some courts, however, have indicated that there is an entitlement to services under home and community-based waivers for the number of people who states say they will serve during any given year. This issue has not yet been conclusively resolved.

How Do I Apply For Services Under The MR Waivers?

DPW implements both the Consolidated Waiver and P/FDS Waiver through its county MH/MR programs. Accordingly, case managers or other persons in the county MH/MR program should be familiar with both the Consolidated and P/FDS Waivers and provide assistance in the application process.

Individuals need not await an invitation to apply for either Waiver. Attachment 1 to this booklet is the Application form that is used to begin the application process. Individuals can complete it and send it to their county MH/MR program.

How Is Eligibility for Waiver Services Determined?

After an individual submits an application for Waiver services, the county MH/MR program must determine whether he or she is eligible. The county may ask for psychological, social, and medical information to make this determination. The county subsequently will refer the individual to a qualified mental retardation professional for a formal assessment. This process must generally be completed within 45 days.

If the individual is found to be eligible and there is funding available, the county must offer the individual a choice between receiving Waiver services and receiving ICF/MR services. The individual (or, in the case of persons age 18 and under, his/her parent or legal guardian) will be asked to complete a "Service Preference Form" to choose between Waiver and ICF/MR services. If an adult is unable to signify a preference between ICF/MR and Waiver services by initialing or making a mark on the Service Preference Form, the individual's preference must be determined with the assistance by an independent qualified mental retardation professional.

If the individual chooses Waiver services **and the county has funds available** to serve the person, the county will establish a tentative start date for services and forward a form to the individual's County Assistance Office to determine whether the individual is in one of the Medical Assistance financial categories for eligibility for Waiver services. (For most people with mental retardation, this will be a mere formality.) Once the County Assistance Office confirms Medical Assistance eligibility for Waiver services, the county will develop a program plan that identifies what services are to be provided and which providers are responsible for the services.

If the individual chooses Waiver services but the county does not have funds available to serve him or her, the county must notify the individual that there will be a delay in service and then complete (if it has not previously done so) the PUNS form (discussed below) which is used to determine service priority.

How Is Priority For Services Under The MR Waivers Determined?

Since both MR Waivers serve only a limited number of people, counties are required to give preference to those applicants who have the greatest need for the services. The counties must compare applicants' service needs using the "PUNS" (Priority of Urgency of Need for Services) assessments.

PUNS assessments are performed by the county for every person who receives or applies for any mental retardation services. PUNS assessments categorize persons into three categories: those whose service needs are considered an "emergency"; those whose service needs are considered "critical"; and those whose service needs are in the "planning" stage. Counties must give service preference under the MR Waivers to applicants whose PUNS assessments have categorized them as having "emergency" needs.

Once Accepted Into An MR Waiver, What Are An Individual's Service Choices?

After an individual has chosen and been approved for Waiver services, the county must develop an individualized program plan. In doing so, the individual has the right to choose among service providers. **It is up to the individual to choose their case manager and any other providers.** The individual can switch providers if she or he is dissatisfied at any time.

Counties may not limit individuals' ability to choose among qualified providers.

The county is only authorized to deny an individual's choice of a provider if:

- ◆ The provider is not qualified to provide the particular services in accordance with the Waiver. Each Waiver establishes various provider qualifications for particular services. For example, physical therapy under the P/FDS Waiver can only be provided by a state-licensed physical therapist or a state-registered physical therapy assistant.

- ◆ The provider is unwilling to sign a provider agreement with DPW and agree to offer cost-effective services in accordance with state regulations.
- ◆ The provider is not willing to provide the services. The provider can refuse to offer services for due cause (such as a conflict of interest or a determination that the provider cannot meet the person's needs).
- ◆ The provider fails to comply with its obligations under state law, its agreement with the county, or the county's agreement with DPW.
- ◆ The provider's rates are higher than necessary and reasonable, as determined by the county.
- ◆ The provider has failed to deliver services in accordance with the individual's program plan.

Can I Appeal Decisions Concerning MR Waiver Services?

An individual has a right to appeal to DPW virtually any negative decisions by the county concerning Waiver services. He or she may appeal:

- ◆ A determination by the qualified mental retardation professional that the individual does not have mental retardation or does not require an ICF/MR level of care.
- ◆ A failure by the county to give the individual the opportunity to choose between ICF/MR and Waiver services or a denial by the county of the individual's service preference.
- ◆ A denial by the county of the individual's Waiver services of choice on his/her program plan, including challenges to the amount, duration, or scope of services offered and denials of the individual's choice of providers.
- ◆ A decision by the county to refuse, suspend, reduce, or terminate Waiver services after the county has authorized those services.
- ◆ A failure by the county to provide services with reasonable promptness. This includes not only a failure to provide services under an approved individual program plan promptly, but also a failure by the county to provide Waiver services with reasonable promptness due to insufficient allocations from DPW or due to an incorrect PUNS assessment.

An appeal may be filed even if the individual has agreed to and is receiving services in the individual program plan if, for example, she or he wants to challenge the amount of services provided or a refusal to allow a choice among providers.

The appeal must be filed within thirty (30) days of the challenged decision. The county should provide written notice about the reasons for the decision which also explains appeal rights (including, how to file an appeal, where to file the appeal, how

the appeal is conducted). If the decision would reduce or terminate the individual's current MR Waiver services, the individual must receive written notice at least ten days prior to the date the action is take effect and **has a right to maintain his or her present level of services as long as he or she files an appeal before the date the action is to take effect.** A copy of DPW's Fair Hearing Request Form is Attachment 2 to this Booklet.

December 2000

This application is from the Department of Public Welfare, Office of Developmental Programs. If you need language assistance, free of charge, please call 1-888-565-9435.

Esta solicitud es del Departamento de Bienestar Público, Oficina de Programas de Desarrollo. Si necesita ayuda con el idioma, gratis, llame por favor al 1-888-565-9435.

ពាក្យនេះគឺជាសុំសេវាសាធារណៈដែលយើង ករិយាល័យទទួលបន្ទុកលើកម្មវិធីបណ្តុះបណ្តាល។ បើលោកអ្នកត្រូវការជំនួយផ្នែកភាសា ដោយមិនបាច់ចេញលុយ សូមទូរស័ព្ទមក 1-888-565-9435។

这是公共福利部发展计划办公室提供的申请书。你如果需要语言方面的免费协助, 请致电 1-888-565-9435。

Настоящее заявление – от Бюро программ развития Отдела социального обеспечения (Department of Public Welfare). Если вам нужна помощь переводчика, звоните по телефону 1-888-565-9435 (бесплатно).

Mẫu đơn này là của Sở Trợ Cấp Phúc Lợi Công Cộng, Văn Phòng Phát Triển các Chương Trình. Nếu quý vị muốn được trợ giúp về ngôn ngữ, miễn phí, xin gọi số 1-888-565-9435.

HOME AND COMMUNITY-BASED OR ICF/MR APPLICATION AND SERVICE DELIVERY PREFERENCE FORM

I. CONFIRMATION OF UNDERSTANDING

I, _____, have been informed of the following:
(NAME OF INDIVIDUAL)

- a. That I am likely to require the level of care provided in an Intermediate Care Facility for people with Mental Retardation (ICF/MR). **I understand that this is based on a preliminary determination of eligibility for ICF/MR level of care, and that the determination will be subject to formal review.**
- b. About feasible home and community-based service alternatives to services provided in an ICF/MR
- c. About my right to indicate a preference for home and community-based services funded under the Waiver as an alternative to services provided in an ICF/MR and about my rights to a fair hearing before the Department of Public Welfare, Bureau of Hearings and Appeals.

In declaring my preference for home and community-based services funded under the Waiver or ICF/MR, I, _____, understand the following:
(NAME OF INDIVIDUAL)

- a. That I must meet Department of Public Welfare eligibility standards to receive services funded by the Waiver or ICF/MR.
- b. That a fair hearing and appeal will not be granted if I am appealing changes caused solely by state or federal law or regulation requiring a change in the type of services available.
- c. That completion of Service Delivery Preference does not guarantee services. Availability of State and Federal funds control the allocated resources for individuals to be served in the Waiver.

II. DESIGNATION OF SERVICE PREFERENCE

My service preference is: (initials or mark of individual, surrogate, or QMRP beside one option)

- Home and community-based services funded under the Waiver
- Services in an ICF/MR
- None at this time (If this option is chosen, Section III. does not apply.)

III. APPLICATION

Please indicate agreement and understanding of the following: (initials or mark of individual, surrogate, or QMRP beside each option)

- I, _____, hereby make application to be considered for the above indicated services for individuals with mental retardation.
(NAME OF INDIVIDUAL)
- I, _____, understand that by submission of this application, I can expect a formal assessment of my need for services by the County/Administrative Entity.
(NAME OF INDIVIDUAL)

IV. PARTICIPANT INFORMATION AND SIGNATURES**A. Individual.** (This section must be completed for the individual who is requesting services).

INDIVIDUAL NAME:			
ACCESS NUMBER:			
CURRENT STREET ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE NUMBER: ()
SIGNATURE:			DATE:

B. Surrogate. (This section must be completed when the individual's surrogate signifies the preference for Waiver or ICF/MR services on the individual's behalf.)

NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE NUMBER: ()
SIGNATURE:			DATE:

C. Independent Qualified Mental Retardation Professional. (This section must be completed by the independent qualified mental retardation professional who is responsible to document the individual's preference for Waiver or ICF/MR services).

NAME:			
AGENCY:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE NUMBER: ()
SIGNATURE:			DATE:

D. County MH/MR Program/Administrative Entity Designee. (This section must be completed by the County MH/MR Program/Administrative Entity that offers the individual or surrogate the preference for Waiver or ICF/MR services).

COUNTY DESIGNEE NAME:			
TITLE:			
AGENCY STREET ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE NUMBER: ()
SIGNATURE:			DATE:

**FAIR HEARING REQUEST FORM
HOME AND COMMUNITY-BASED WAIVER SERVICES FOR INDIVIDUALS
WITH MENTAL RETARDATION**

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TO: DEPARTMENT OF PUBLIC WELFARE
BUREAU OF HEARINGS AND APPEALS
(THE COUNTY MH/MR PROGRAM OR ADMINISTRATIVE ENTITY WILL FORWARD THIS APPEAL TO THE APPROPRIATE BUREAU OF HEARINGS AND APPEALS OFFICE LISTED ON PAGE 3)

DATE: _____

FROM:

NAME OF APPELLANT:	DAY TELEPHONE NUMBER: ()
MAILING ADDRESS:	

SIGNATURES:

APPELLANT:	
WITNESS: (If APPELLANT Makes Mark)	WITNESS: (If APPELLANT Makes Mark)

I hereby request a Fair Hearing before the Department of Public Welfare, Bureau of Hearings and Appeals. I am requesting this appeal on behalf of the following individual who is applying for or receiving home and community-based services funded under a Medicaid Waiver for individuals with mental retardation.

NAME OF INDIVIDUAL APPLYING FOR OR RECEIVING SERVICES:	
MEDICAID ACCESS NUMBER OF INDIVIDUAL APPLYING FOR OR RECEIVING SERVICES:	
I REQUEST THIS APPEAL BASED ON THE FOLLOWING ACTIONS:	
I REQUEST THE FOLLOWING REMEDIES TO RESOLVE THIS APPEAL (EXPLAIN):	
NAME OF INDIVIDUAL'S SURROGATE (If Applicable):	
MAILING ADDRESS:	
DAY TELEPHONE NUMBER: ()	RELATIONSHIP TO INDIVIDUAL:
SIGNATURE OF INDIVIDUAL'S SURROGATE (If Applicable):	

PLEASE INDICATE WHICH TYPE OF HEARING YOU ARE REQUESTING: (See Instructions For More Information)

- | | |
|---|---|
| <input type="checkbox"/> TELEPHONE HEARING
(Appellant and Administrative Entity or County Program will be at Different Telephone Numbers)
Appellant Number () _____ | <input type="checkbox"/> FACE-TO-FACE HEARING
(All parties involved in the hearing are at one location.) |
| <input type="checkbox"/> TELEPHONE HEARING
(Appellant and the Administrative Entity or County Program will be at the same telephone number) | <input type="checkbox"/> FACE-TO-FACE HEARING
(Appellant and local office of Bureau of Hearings and Appeals will be at one location for the hearing. The Administrative Entity or County Program will participate in the hearing via telephone. This type of telephone hearing is expected to be an available option for individuals or surrogates in April 2008 or soon thereafter.) |

Please indicate below if information is needed in a language other than English and specify the language. Indicate any communication assistance (interpreter, device, sign language) or other accommodation that you require at the hearing:

--

INSTRUCTIONS AND NOTICE OF RIGHT TO FAIR HEARING

HOME AND COMMUNITY-BASED WAIVER SERVICES OR ICF/MR SERVICES FOR INDIVIDUALS WITH MENTAL RETARDATION

If you are applying for Waiver services or services in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), or if you object to an action taken affecting your claim for Waiver services, you have the right to a county or local pre-hearing conference with the County Program or Administrative Entity and a Fair Hearing before the Department of Public Welfare, Bureau of Hearings and Appeals, if:

- The individual with mental retardation who is determined likely to meet an ICF/MR level of care and is enrolled in Medical Assistance or surrogate¹ is not given the opportunity to express a service delivery preference for either Waiver-funded or ICF/MR services.
- The individual or surrogate is denied the individual's preference of Waiver-funded or ICF/MR services.
- Based on a referral from the Administrative Entity (AE) or County Program, a Qualified Mental Retardation Professional (QMRP) determines that the individual does not require an ICF/MR level of care as a result of the level of care determination or re-determination process and eligibility for services is denied or terminated.
- The individual or surrogate is denied Waiver-funded service(s) of the individual's choice, including the amount, duration, and scope of service(s).
- The individual or surrogate is denied the individual's choice of willing and qualified Waiver provider(s).
- A decision or an action is taken to refuse, suspend, reduce, or terminate a Waiver-funded service authorized on the individual's ISP.

¹ Not everyone can make legally binding decisions for themselves. This would include minor children and some adults who have substantial mental impairment. In these instances, a substitute decision-maker may be identified under State law. Substitute decision-makers have various legal titles, but for the purposes of this bulletin, they will be referred to as "surrogates." "Surrogates" include the following:

- Parents of children under 18 years of age under the common law and 35 P.S. § 10101.
- Legal custodian of a minor as provided in 42 Pa.C.S. § 6357.
- Health care agents and representatives for adults as provided in 20 Pa.C.S. Ch. 54.
- Guardians of various kinds as provided in 20 Pa.C.S. Ch. 55 (as limited by 20 Pa.C.S. § 5521(f)).
- Holders of powers of attorney of various kinds as provided in 20 Pa.C.S. Ch. 56.
- Guardians of persons by operation of law in 50 P.S. §4417(c).

Any of these would be considered "legal representatives" as the Center for Medicaid and Medicare Services uses that phrase. Please see Application for a §1915(c) Home and Community-Based Waiver: Instructions, Technical Guide and Review Criteria (www.cms.hhs.gov/HCBS/02_QualityToolkit.asp).

County or Local Pre-hearing Conference: If you choose to have a county or local pre-hearing conference with your County MH/MR Program or Administrative Entity Designee, you may do so without forfeiting your appeal rights if you contact the County MH/MR Program or Administrative Entity Designee within 13 DAYS of your notification of the decision or action that is to be taken that you want to appeal. A county or local pre-hearing conference is optional for you.

Appeal to Bureau of Hearings and Appeals: You have the right to file an appeal directly with the Department of Public Welfare, Bureau of Hearings and Appeals. You have a right to appeal any action or failure to act and to have a hearing if you are dissatisfied with any decision to refuse, suspend, reduce, or terminate Medicaid Home and Community-Based Waiver services. Form DP 458 (attached) must be used to file your appeal with the Bureau of Hearings and Appeals.

Appeal Timeframe for the Continuation of Waiver Services: If you are appealing a change [that is, reduction, termination, or suspension] in Waiver-funded services that were approved and authorized in your individual support plan, are already being provided to you and you want those Waiver services to continue without change during the appeal process, you must file the appeal within **13 DAYS** of the Administrative Entity's notification of the decision to change your Waiver services. Form DP 458 must be completed and sent to your Administrative Entity within the 13 day period. They will forward your appeal to the Bureau of Hearings and Appeals. Please note that services will **NOT** continue if the action to reduce, terminate, or suspend services is based solely on a change in Federal or State law or regulations that requires an automatic change in the amount and type of services available under the Waiver.

Appeal Timeframe where the Continuation of Waiver Services is not Involved: Form DP 458 must be completed within **30 days** of your notification of the decision or action that is to be taken that you want to appeal. The completed Form DP 458 must be sent to your County MH/MR Program or Administrative Entity. They will forward your appeal to the Bureau of Hearings and Appeals.

Type of Hearing Requested: The Bureau of Hearings and Appeals will conduct a hearing for you over the telephone or face-to-face. Please check the appropriate box to indicate the type of hearing you want to occur.

- **Telephone Hearings:** If you do not have a telephone that can be used to conduct this hearing, you may use a telephone at the County MH/MR Program or Administrative Entity office, or the telephone of a friend, relative, or neighbor. Please indicate the telephone number where all parties may be reached to conduct the hearing.
- **Face-to-face Hearings:** This type of hearing is held in one of the following locations: Erie, Harrisburg, Philadelphia, Pittsburgh, Plymouth, or Reading. More information on the exact location of the hearing site will be sent to you and the AE or County Program if you request a face-to-face hearing. In the near future, a second option will be given to the appellant for face-to-face hearings in which the appellant and the Administrative Law Judge will be at the Bureau of Hearings and Appeals and the AE or County Program will participate via telephone.

Accommodations Needed by You at the Hearing: If you need accommodations to attend or participate in the hearing, please indicate the specific accommodations required (language interpreter, communication device, etc.) on Form DP 458 when you file your appeal. You may supply your own interpreter or bring your own communication device, etc., to the hearing. However, if you cannot supply your own accommodation, all requests for assistance in obtaining an accommodation must be made in advance of the hearing. Please contact your County MH/MR Program or Administrative Entity Designee or the Bureau of Hearings and Appeals to request assistance.

Contact Information: If you want a county or local pre-hearing conference to discuss your concerns, or if you need assistance to file an appeal, please contact the County MH/MR Program or Administrative Entity Designee listed below:

NAME:
ADDRESS:
ADDRESS:
TELEPHONE NUMBER: ()

Your County MH/MR Program or Administrative Entity Designee will photocopy Form DP 458 and send a copy to you and the appropriate Regional Office and Central Office of Developmental Programs. The Office of Developmental Programs Regional and Central Office addresses are as follows:

SOUTHEAST REGIONAL OFFICE OF DEVELOPMENTAL PROGRAMS

1400 SPRING GARDEN STREET
PHILADELPHIA, PA 19130-4064

NORTHEAST REGIONAL OFFICE OF DEVELOPMENTAL PROGRAMS

100 LACKAWANNA AVENUE
SCRANTON, PA 18503

CENTRAL REGIONAL OFFICE OF DEVELOPMENTAL PROGRAMS

ROOM 430, WILLOW OAK BLDG.
HARRISBURG STATE HOSPITAL
HARRISBURG, PA 17120

WESTERN REGIONAL OFFICE OF DEVELOPMENTAL PROGRAMS

300 LIBERTY AVENUE
PITTSBURGH, PA 15222

OFFICE OF DEVELOPMENTAL PROGRAMS

ROOM 512, HEALTH AND WELFARE BUILDING
P. O. BOX 2675
HARRISBURG, PA 17105

The Department of Public Welfare, Bureau of Hearings and Appeals contact information is provided below:

BUREAU OF HEARINGS AND APPEALS HEADQUARTERS

and

BUREAU OF HEARINGS AND APPEALS CENTRAL REGION

Bureau of Hearings and Appeals
2330 Vartan Way, Second Floor
Harrisburg, Pa 17110
Phone: (717) 783-3950

BUREAU OF HEARINGS AND APPEALS NORTHEAST REGION

Federal Hearings and Appeals
117 West Main Street
Plymouth, Pa 18651
Phone: 1(800) 664-7177

BUREAU OF HEARINGS AND APPEALS SOUTHEAST REGION

Bureau of Hearings and Appeals
1400 Spring Garden Street, Room 1608
Philadelphia, Pa 19130-9943
Phone: (215) 560-2145

BUREAU OF HEARINGS AND APPEALS WESTERN REGION

Bureau of Hearings and Appeals
Two Gateway Center, Suite 1125
603 Stanwix Street
Pittsburgh, Pa 15222
Phone: (412) 565-5213

Representation at the Hearing: You have the right to represent yourself at the hearing. You or your surrogate may present the reasons why you disagree with the action or decision to the Bureau of Hearings and Appeals' Administrative Law Judge presiding over the hearing. You or your surrogate may present evidence and witnesses to support your case.

You have the right to have someone else represent you. If you need Legal Counsel, a list of Legal Aid Offices is attached. If you request additional help, the County MH/MR Program or Administrative Entity Designee will refer you to advocacy organizations in your community.