

## FACT SHEET for: Complaints, Medicaid Fair Hearing, Administrative Review

You have rights under state and federal law to make a complaint and to know the ways your complaint may be handled. This sheet tells you how to make a complaint and how to request an Administrative Review or a Medicaid Fair Hearing. Your service provider, Service Coordinator, Personal Agent, Brokerage or Community Developmental Disability Program should help you make or request any of these and should explain the process to you.

**Complaint:** A complaint is when you are not satisfied (unhappy) with something about your services, supports or programs, an assessment or other processes, or the people who are providing these services. You may make a complaint to your service provider, Service Coordinator, Personal Agent, the Brokerage or the Community Developmental Disability office. You may have someone help you make a complaint, either verbally or in writing. There is a *Developmental Disabilities Services Complaint Form* which can be provided to you. All efforts will be made to resolve complaints informally with those people who most directly support you.

If you are not satisfied with the response to your complaint, you may ask for a formal review by the Brokerage Director or the Community Developmental Disability Program Manager. You must receive a written response to your complaint, called a resolution or decision, within 30 days.

**Administrative Review:** If you are not satisfied with the decision made about your complaint, you may request a review of the decision by the Oregon Department of Human Services. This is called an *Administrative Review*. The same form used to file a complaint is used to request an Administrative Review. The information about your complaint will be looked at by a Review Committee. The Committee will make a recommendation to the Administrator of Seniors and People with Disabilities (SPD) within 45 days of your review request. The Administrator will have 10 days to make a final decision and send you a letter explaining the decision that has been made.

**Medicaid Fair Hearing:** If you are receiving a Medicaid waived service and a decision is made that your Medicaid services will be reduced, suspended, terminated or denied, you will be sent a *Notice of Planned Action* that will tell you when this will happen, why it will happen and give you a paper called *Notice of Hearing Rights*. If you disagree with the decision that has been made, you may request a *Medicaid Fair Hearing*. You do not need to make a complaint or have an Administrative Review before requesting a Medicaid Fair Hearing.

You must complete form DHS 443 to request a Medicaid Fair Hearing. Your Service Coordinator or Personal Agent can help you get and complete the form. While waiting for the hearing, you may request that your services do not change. You must make the request within the time period explained in the *Notice of Hearing Rights*. During a hearing you can present evidence to an Administrative Law Judge. You may have a lawyer help you with the hearing, but, you do *not* have to have one. You may want to ask a local Legal Aid Program, Disability Rights Oregon or another advocate of your choice, such as a family member or a friend, to help.

You also have a right to request a Medicaid Fair Hearing if you are not given the choice between institutional and community based services at the time you go into a waived service.