The Application for State Hearing for Home and Community Based Services (HCBS-12a) allows the current or potential participant and/or their authorized representative (e.g. guardian or someone with a signed Authorization for Disclosure of Consumer Medical/Health Information that is in effect) an opportunity to appeal an adverse action taken in regard to denials (i.e., of an initial request, request for increase or additional services), reductions, or closings of services. This application shall be used to confirm a request for an official hearing for all Home and Community Based Services (HCBS) authorized by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS).

The HCBS-12a shall be completed by DSDS using information provided by the participant.

- The HCBS-12a may be completed by the participant, upon request.

INSTRUCTIONS

Enter the following information in the appropriate fields:

- Applicant’s name, address, and phone number, including an extension number as appropriate, DCN and county of residence;
- Name of applicant requesting the hearing;
- Reason for the hearing request;
- Name and contact information, including an extension number as appropriate, of authorized representative, when applicable;
- Indicate whether the participant requested to continue receiving services at the current level. If selection is not made, services shall remain authorized;
  - This does not apply to participants appealing their number on the Independent Living Waiver (ILW) Waiting List;
- Applicant’s signature and date, when being completed by the participant upon their request;
- Indicate if the hearing request is based on a denial, discontinuance, or reduction;
  - This does not apply to participants’ appealing their number on the ILW Waiting List;
- Date the hearing was requested;
- Reason for the planned action or decision, including the legal reference for the decision;
  - This shall be the same reason and legal reference as stated on the HCBS-12; or
  - The reason stated on the Waiting List Notice for ILW Services (HCBS-12w) regarding the participant’s number on the ILW Waiting List, which includes the legal reference.
- List service(s) being adversely affected; and
Enter the name of DSDS staff completing the form, and include their office phone number, including an extension number as appropriate, and mailing address.

DSDS staff shall forward the form to their immediate supervisor for review.

- Supervisor shall sign the form, and enter date forwarded to the Department of Social Services (DSS), Division of Legal Services (DLS).

The last line of the HCBS-12a shall be completed by DLS upon receipt.

**DISTRIBUTION**

A copy shall be mailed to the participant and/or their authorized representative, when necessary.

A copy is maintained in the participant’s case record in the HCBS Web Tool.

Within three (3) business days of supervisory approval, the exhibit packet with the original HCBS-12a shall be mailed to DLS (see Policy 6.00, Appendix 1).