



### INTRODUCTION

The [Application for a State Hearing for Home and Community Based Services \(HCBS\)](#) 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 Form](#) that is in effect) an opportunity to appeal an adverse action taken in regard to denials (i.e., of an initial request of HCBS, request for increase or additional services), reductions, or closings of services.

### PURPOSE

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 Application for a State Hearing for HCBS shall be completed by DSDS using information provided by the participant.

- The Application for a State Hearing for HCBS 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
  - The participant may name anyone as their authorized representative; however, the Authorization for Disclosure of Consumer Medical/Health Information Form shall be completed prior to the release of protected health information (PHI)
- 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 in the signature field if request is made via phone

- 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 [Adverse Action Notice](#)
  - The reason stated on the Waiting List Notice for ILW Services [Waiting List Notice for ILW Services Form](#) regarding the participant's number on the ILW Waiting List, which includes the legal reference
- List service(s) being adversely affected
- Enter the name of DSDS staff completing the form, and include their mailing address and office phone number, including an extension number as appropriate

DSDS staff shall forward the form to their immediate supervisor for review within three (3) business days.

- Supervisor shall review the request and confirm validity within three (3) business days

**NOTE:** Supervisor may, at their discretion, request additional collateral contacts be made to further verify validity. This additional contact should not exceed three (3) additional business days.

- Supervisor shall review, sign, and submit the form to the DSDS HCBS Hearings Representative
- In addition to this completed form, the supervisor shall submit:
  - The Adverse Action Notice associated with the hearing request
  - The [Agency Witness List](#)

The last line of the [Application for a State Hearing for HCBS](#) shall be completed by Division of Legal Services (DLS) upon receipt.

The DSDS HCBS Hearings Representative shall submit the exhibits packet to [DLS Regional Office](#) and participant, copying supervisor and DSDS staff, ten (10) business days prior to the scheduled hearing.

**Note:** Exhibits packet may be delayed if additional information is required.

#### **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 participant's electronic case record