

Cathy Cooper
Authorized Signature

Number: SPD-IM-10-053
Issue Date: 7/1/2010

Topic: Other

Subject: Closure of State Plan Personal Care Services Program

Applies to (check all that apply):

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Support Service Brokerage Directors |

Message: Due to budget reductions, the State Plan Personal Care Program (SPPC) will no longer be funded and will be closed effective August 1st, 2010. The Department or its Designee's will not authorize or make payment for any SPPC benefits for any service period after July 31, 2010.

The coverage the client receives through their medical card will not change because of the closure of SPPC services.

This closure will not directly impact other in-home services programs for APD, DD or AMH. For example, Title XIX Home and Community Based waived services will not be closed.

Client Closure Notices:

Closure notices are being sent to all the SPD/AAA, DD and AMH clients receiving SPPC services on Thursday, July 1st, 2010. The purpose of this notice is to notify the clients that SPPC will no longer be available after July 31st, 2010.

Even though this is a program closure, individuals receiving this notice will have Administrative Hearing Rights. The Notice of Hearing Rights form will direct the client to fill out the 443A Administrative Hearing Request form and return it to a DHS, CDDP, Brokerage or County AMH offices. The local office will follow the current process for hearing requests received at the local office. However, because funding has been eliminated and this program is closing, the client does not have a right to a continuation of benefits pending the outcome of any administrative hearing on this

notice.

Provider Notices:

Personal care assistants (PCA) will receive a letter advising them that the hours authorized for any recipient participating in SPPC will be reduced to zero (0) effective August 1st, 2010.

Services provided through July 31st, 2010:

- Payments will be made for all hours authorized and worked through July 31st, 2010. Vouchers should be submitted through the regular process.
- Payments made based on hours worked through the month of July must be submitted for payment within 12 months of the service provided. The mainframe system will be open to process payments for any services authorized through July 31st, 2010.

Services provided from August 1st, 2010:

- After July 31st, 2010, SPPC providers for SPD, DD or AMH will no longer receive a payment voucher authorizing hours for work paid through this program.

NOTE: The system will not allow vouchers to be printed to authorize services after July 31st, 2010.

If you have any questions about this information, contact:

Contact(s):	Kathleen Bonn, Operations and Policy Analyst - SPD DD		
Phone:	(503) 947-5177	Fax:	(503) 947-4245
E-mail:	Kathleen.J.Bonn@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services Seniors & People with Disabilities Administration

500 Summer Street NE, E-02
Salem, OR 97301-1073
Voice (503) 945-5811
FAX (503) 373-7823

NOTICE OF ACTION TERMINATION OF STATE PERSONAL CARE SERVICES

Date: _____

Branch # _____

Client Name: _____ ID (prime)# _____

Address: _____



This notice is about an important change. You have been receiving in-home Personal Care Services. We are sorry to tell you that those services will end on July 31, 2010.

The reason for this change is that Oregon's poor economy has resulted in reduced dollars for important public programs and we are unable to continue to pay for the services you are receiving.

We understand the closure of this program may cause a hardship for you. Your case manager at the Community Developmental Disabilities Program office (CDDP) or Personal Agent at the Support Services Brokerage will be able to answer questions about other services you may be eligible to receive. Please contact the office that serves you in your area for more details. If you do not know which office to call please call 1-800-282-8096.

Please note the coverage you receive through your medical card will not change because of this change in your in-home Personal Care Services.

This notice is based on Oregon Administrative Rules 411-034-0000. You have a right to request a hearing. Please refer to the "Notice of Hearing Rights" on the back of this notice for more information.

Because funding has been eliminated and this program is closing, you do not have a right to a continuation of benefits pending the outcome of any administrative hearing on this notice.

Sincerely,

James D. Toews, Assistant Director, Seniors & People with Disabilities

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer

NOTICE OF HEARING RIGHTS

You have a right to file a hearing concerning this decision.

Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS).

What must I do to get a hearing? You must fill out a Hearing Request Form (DHS 0443A) and return it to a DHS office. You can get the form by calling your local DHS office. You may also request a hearing by phone, in writing, or with a DHS employee in person.

DHS must receive your request for a hearing within 45 days from the date on this Notice of Termination of State Plan Personal Care Services.

Who can help with my hearing? You may represent yourself by appearing in person or have a lawyer or a legal assistant (supervised by a Legal Aid attorney) represent you. You may call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292 for advice and possible representation.

Do I have a right to benefits pending a hearing? Because funding has been eliminated and this program is closing, you do not have a right to a continuation of benefits pending the outcome of any administrative hearing on this notice.

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons

Administrative Hearing Request For In-Home Services

Department of Human Services (DHS) completes this part

Date of notice: / /	Date of initial hearing req.:	Date 443 rec'd by DHS:	Program no.:	Cost center:	Case number:	Worker ID:
Claimant's name:					Telephone number: - -	
Address:			City:		State:	ZIP code:
Claimant is non-English speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate format <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," specify		
Claimant understands:		<input type="checkbox"/> Braille	<input type="checkbox"/> Audio tape	<input type="checkbox"/> Large print	<input type="checkbox"/> Diskette	<input type="checkbox"/> Oral presentation

Claimant or claimant's representative completes this part

If you want a hearing, you or your representative must fill out this form. An employee at your branch office can help you complete this form.

I am asking for a hearing because I do not agree with the decision to Close Reduce my benefits

<input type="checkbox"/> I did receive a written notice to deny my application or to reduce or close my benefits.	Date of the notice: / /
<input type="checkbox"/> I did not my benefits.	

Program(s) Involved: SPPC Medicaid/OHP Long-term Care Services
 Other: _____

Briefly explain what the decision was and why you disagree with it.

I do not consent to participate in a group hearing.

Please read "part 2" on the back of this form for information about expedited hearings.

Check this box if you meet the requirements for an expedited hearing.

Name of my lawyer or representative:					Telephone number: - -	
Address:			City:		State:	ZIP code:

The administrative law judge may conduct the hearing by phone.

In a telephone hearing, the administrative law judge participates by phone. The client may be at the branch or another place. I understand I will be asked to have an informal conference with an agency representative.

Claimant's signature:	Social Security number: - -	Date:
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The Department is authorized to request your Social Security Number (SSN) under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b), and OAR 461-120-0210. Your SSN will be used to locate your file and records. For clients in only the CAWEM, ERDC, REF, and REFM programs, providing a SSN is always voluntary.

DHS completes this part

DHS representative for this matter:	Issue code:	Telephone number: - -
	Date: - -	

What you can do when you do not agree with this decision

Please contact your local office if you need this form in another language or alternate format.

- You have the right to challenge this decision by requesting a hearing. Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS). **If you want a hearing, you must request it on time.** For more information, see Part 1 below.
- You can also talk with a manager. Ask for a meeting by contacting your local office. Call **1-800-442-5238** if you do not know who to call. Your deadline to request a hearing (*part 1 below*) does not change even if you are in contact with a manager or trying to reach one.

Part 1 – Ask for a hearing.

What must I do to get a hearing? For all benefits except food benefits, you must fill out a Hearing Request Form (DHS 0443A) and return it to a DHS office. You can get this form at a DHS office or on the web at <http://dhsforms.hr.state.or.us/Forms/Served/DE0443A.pdf>. For food benefits, you can ask for a hearing on DHS Form 0443, by phone, in writing or by asking a DHS employee in person. Your local office can help you. In most cases, DHS must receive your request within **45 days** from the date identified as the sending date on the decision notice. You have **90 days** for food benefits and for TANF reductions for not cooperating with your case plan. You may request a hearing at any time if you disagree with the current amount of your food benefits.

Who can help with my hearing? In the food benefit and medical programs, any adult may represent you. In all other programs, you must represent yourself or have a lawyer or a legal assistant (*supervised by a legal aid attorney*) represent you. You may call the Public Benefits Hotline (*a program of Legal Aid Services of Oregon and the Oregon Law Center*) at **1-800-520-5292** for advice and possible representation.

What are my other hearing rights? At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. The laws about your hearing rights and the hearing process are at OAR 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 461-025-0300 to 0375, ORS 183.411 to 183.470, and ORS 411.095.

What happens if there is no hearing? If you do not ask for a hearing on time, or if you withdraw the hearing request or miss your hearing, you may lose your right to a hearing. This notice will be the final DHS decision called a “Final Order by Default”. You will not get a separate Final Order by Default. The case file, along with any materials you submitted in this matter, is the record. The record is used to support the DHS decision upon default. You may appeal the Final Order by Default by filing a petition in the Oregon Court of Appeals. (ORS 183.482) If you do not ask for a hearing, this appeal must be filed within **60 days** of the date this notice becomes a Final Order by Default. If you withdraw a hearing request or miss your hearing, the appeal deadline is set out in the dismissal order.

Part 2 – Can I have my hearing within five working days?

You may have the right to an “expedited hearing” for any of the following types of benefits or events:

- Expedited or emergency food benefits
- JOBS and Pre-TANF payments
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) eligibility and payments
- While receiving medical benefits, you are denied a medical service for an immediate, serious threat to your life or health
- DHS denied your request to keep getting benefits until your hearing

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons.

DHS 0447A (7/10)