

# APD/AAA Hearing Requests

**Types of Hearing Requests that will be sent to: [ODHS-OEP.Hearings@odhsoha.oregon.gov](mailto:ODHS-OEP.Hearings@odhsoha.oregon.gov)**

All SNAP (including aged and disabled)  MAGI  TANF/REF CASH  TA-DVS  Child Care	Non-Magi Medical that are <b>not</b> connected to LTC decisions (see types of hearing requests that are sent to APD Hearings for clarification)
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**Types of Hearing Requests that will be sent to: [APD.HEARINGS@odhsoha.oregon.gov](mailto:APD.HEARINGS@odhsoha.oregon.gov)**

All LTC Cases  OSIPM denials for reason of not meeting LTC criteria  SPPC  PMDDT  GA	Combination LTC/Medical cases  Resource Assessments  LTC Disqualifications  HCW/PSW Terminations  ODDS Hearing Requests
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**Requests for Administrative Hearings ([Form MSC 0443](#)) received or completed by a SFO or VEC must be promptly screened and submitted to the appropriate Hearings and Rules Unit within 24 hours.**

**SFO/VEC:**

Attempt a conversation with the customer focusing on resolving the dispute at the SFO or VEC level. Check decision for accuracy, explain the information gathered applied to the rule that resulted in the action taken. If an issue can be resolved to the consumer’s satisfaction at the branch level, there is no need for a hearing. However, do not dissuade consumers from filing a hearing request.

- All 443’s must be routed to a lead or designated hearings point person to be screened and reviewed regarding the Department’s decision prior to submission to the appropriate Hearings unit.
- Fill out and attach the cover sheet ([443C](#)).
- 443’s must be sent to the appropriate hearings mailbox within 24 hours, *even if resolved*.
- **NOTE:** Uploading documents to ONE or EDMS, without emailing to the appropriate hearings unit, will not notify or alert the hearings unit and will cause delays in processing. If 443’s are submitted to the hearings mailbox without the appropriate pre-screening and without the Expedite/COB documents, the 443 will MSC 0080 (01.19) be returned to the sender with expectation of completion within the **same 24 hours**.
- Consumers may ask for form MSC 443, Administrative Hearing Request, in case they decide to appeal a decision in the future.
  - Requesting the form is not the same as requesting a hearing.
  - When claimant requests the form only, complete the portion of the 443 except for “Date Received by DHS or OHA” and narrate in OACCESS they requested the form but did not request a hearing.

- If the hearing request is made face to face, ask the consumer to sign the 443; however, it is not required.
- Hearing requests are considered complete when the claimant requests a hearing verbally or in writing; consumers are not required to submit a completed 443 for APD programs. Any hearing request, regardless of the timeframes of its filing must be referred to APD Hearings. If a hearing representative determines it is too late, the representative will issue appropriate notification to the consumer.

## **Continuing Benefits (COB) for cases primarily processed outside of ONE**

### **Example: LTC/GA:**

Consumers can request COB verbally, in writing, or on the 443. If completing the 443 on behalf of the consumer, ask if they want COB.

***If the claimant verbally requests COB, read part 2 on the back of the 443 and narrate that the consumer requested continuing benefits and part 2 was reviewed.***

Management in the local office must review eligibility for COB before benefits can be restored to a case. Management in the local office can restore benefits if COB eligibility criteria is met. The case can be restored and placed in COB status without approval from the hearing unit. The following are the COB eligibility criteria:

The contested decision must entitle the consumer to a continuing benefit notice or a timely continuing benefit notice, per OAR 461-175-0200.

- 461-025-0311; To be entitled to continuing benefits, the consumer must complete a hearing request the later of these two dates:
  - ✓ The tenth day following the date of the notice; or
  - ✓ The effective date of the action proposed in the notice.

**FOR SERVICE ONLY CASES:** If a consumer requests continuing benefits pending a final order in the hearings process, and they meet all above-described requirements, the local office will need to request an administrative extension on the service plan. The hearings representative will issue appropriate notification to the claimant.

**NOTE:** When a claimant is on COB for services and they change settings or placement – COB must be discontinued, and a denial notice needs to be issued by the APD Hearings unit. If your consumer changes a care setting of any kind, please contact the APD Hearings Unit immediately for guidance and direction. If there is a change in service eligibility at any time, please contact the APD Hearings Unit.

### **Expedited Hearings**

If the local office receives a request for a hearing to challenge the denial of COB/continuing benefits, an MSC 443 should be completed as an expedited hearing request.

Send APD expedited hearing requests to the APD Hearings Coordinator. A hearing representative will determine if the claimant is entitled to an expedited hearing.

## **Continuing Benefits (COB) and expedited for cases primarily processed in ONE:**

Go to OEP Transmittal, page 3: [OEP-IM-22-003](#)

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### **Completing the 443:**

#### Section One - Claimant

- Is the claimant English speaking?
- Do you want your hearing documents in an alternate format?
- The ALJ may conduct the hearing by phone. You may be at the branch or another place. Do you need a reasonable accommodation to participate?
- Claimant Name, Telephone Number, Message Number, Email Address
- Claimant Address, City, State, Zip Code
- Name of lawyer or representative, Email Address, Telephone Number
- Lawyer or representatives Address, City, State, Zip Code
- I am asking for a hearing because I do not agree with the decision to: *-(Check applicable box or boxes reflecting program decision that is contested)*
- Date of Notice *(Date of the notice being contested)*
- Briefly explain why you disagree *(capture consumers reason for disagreement)*
- Expedited Hearing? – *(Please read and discuss Part 3 located on the back of this page)*
- *Do you want to have your benefits stay the same way (COB)? Please read Part 2 located on the back of this form before you answer this question).*
- Signature – *(If the claimant requests the hearing by phone, state “Requested by Phone.”)*
- Claimants SSN
- Date *-(date the verbal request for hearing was made)*

#### Section Two - Local office branch staff only

- Date of Notice - *being contested*
- Date received by DHS or OHA – *Date request was received either verbally or in writing*
- Program *-EG: SNAP/A1/D4, etc.*
- Branch Number
- Case Number
- Worker ID

## Other Types of Hearing Requests

### Contested Eviction of a Consumer from a Facility

If a consumer is contesting a facility move-out notice, the consumer must complete the MSC 0443, Administrative Hearing Request. The APD Hearings Unit does not represent DHS for these types of requests. Send these types of hearing requests to the appropriate Program Coordinator as reference below:

#### Adult Foster Homes:

- The Licensee must sign and deliver a completed involuntary move-out notice, using the Department's form DHS 901. This is for all cases of involuntary move-outs, including when the Department is taking an action which requires residents to transfer to another care setting.
- If an involuntary move-out notice is contested, please fax the completed DHS 0443 to Safety, Oversight and Quality Unit at 503- 373-2228, the local AFH licensing authority as listed on DHS 901, and the Oregon Long-Term Care Ombudsman.
- Include a copy of the DHS 901 and any supporting documents.

#### Assisted Living Facilities & Residential Care Facilities

- Facilities are required to send copies of move-out notices to Safety, Oversight and Quality Unit and the Oregon Long-Term Care Ombudsman.
- If an MSC 0443 is received contesting a move out notice, fax the form to APD ALF/RCF Licensing at 503-378-8966 or email to: [CBC.Team@odhsoha.oregon.gov](mailto:CBC.Team@odhsoha.oregon.gov)
  - Please include a copy of the move out notice, if available. This is not required, as the ALF/RCF Licensing Unit should already have a copy.

#### Nursing Facilities:

- The Safety, Oversight, and Quality Unit has jurisdiction over transfers from nursing facilities.
- Direct hearing requests and questions regarding this process to [NF.Licensing@odhsoha.oregon.gov](mailto:Nf.Licensing@odhsoha.oregon.gov)

### Health Systems Division Hearing Requests

Health Systems Division hearing requests that are not MAGI related require a written request. These requests will be forwarded directly to their hearing's mailbox [OHAmMedical.hearings@odhsoha.oregon.gov](mailto:OHAmMedical.hearings@odhsoha.oregon.gov)

The local office is responsible for completing the top **\*\*bottom\*\*** portion of the MSC 0443 as indicated for APD/AAA hearing requests. The case number is the consumer's/claimant's prime number. Narrate in OACCESS the hearings request was referred to Health Systems Division.

## **Homecare Worker Enrollment Terminations (for reasons other than criminal history)**

Refer to the links below:

- [Homecare Worker Terminations](#)