

**NOTICE OF SERVICE DETERMINATION and THE RIGHT TO APPEAL
-MA 561 Form Instructions for Service Coordinators (SCs)-**

This form is designed to be completed electronically prior to printing. The tab key will move you through each section of the form required to be completed by the SC. Using the tab key will also highlight the instructions to SCs found in parenthesis in Sections II and III. The highlighted instructions to SCs will automatically be deleted when you begin typing.

If you choose to complete the form by hand, you will need to take additional steps to print a blank form. This includes deleting the instructions to SCs found in parentheses in Sections II and III prior to printing.

Form Header

Enter the date (month, day, year) you will mail or hand-deliver the form to the participant.

Section I – Participant Information

Enter the participant's name and address in this section.

Section II – Service Determination

Enter the date (month, day, year) you made the service determination. Enter your service coordination agency name. If completing the form electronically, the agency name you enter will also be auto-filled in Section II under *Representation* and under *How to Appeal*.

Program-

Left-click or manually check the box next to the participant's current program. If you click on a box in error, clicking the box a second time will remove the X. The numbers following each program are issue codes to be entered in Part V of the Bureau of Hearings & Appeals (BHA) Cover Sheet.

Service Determination-

Left-click or manually check the box next to the service determination. Enter the type and amount of service being denied, reduced, terminated, or suspended; or, enter the amount of the Act 150 fee. If services are being reduced, terminated, or suspended, enter the effective date which is 10 calendar days from the date entered on the Form Header. If the reduction, termination, or suspension is immediate at the request of the participant, then the effective date would be the same date as the date entered on the Form Header.

For example:

X Denial of 6 additional hours of personal assistance services per week; *or*

X Reduction of personal assistance hours per week from 42 hours to 35 hours, effective July 1, 2013.

Reason for Service Determination-

Enter the reason why the particular service determination was made for the participant. Include a reference to regulations or program requirements to support the decision.

Questions and Concerns-

Enter the SC name and telephone number.

Section III – Appeal Rights and Instructions

This section explains the participant's rights to appeal as well as reasons that a hearing will not be granted.

Representation-

This area describes the participant's rights to representation and consultation and instructs the SC to refer the participant for legal guidance.

Line 1 - Enter your SC agency name.

How to Appeal-

This area describes the participant's timeline to submit an appeal request in order to have the appeal request processed and for the participant to continue receiving services at the current level, as well as requiring the service coordination agency to respond to the participant's appeal request in a timely manner.

Line 1 - Enter your SC agency name.

Line 2 - Enter the date (month, day, year) that is 30 calendar days from the date entered on the Form Header.

Line 3 - Enter the date (month, day, year) that is 10 calendar days from the date entered on the Form Header.

Last Line - Enter your SC agency's name and mailing address

Section IV – Request to Appeal

The participant will complete this section in order to file an appeal.

Section V – Signatures

The participant or participant's representative must fill in this section to finalize the appeal request by providing the date, signature, telephone number, and address.

Section VI – Agency Use Only

Form Distribution-This section instructs the Service Coordination Agency on how to relay the participant's appeal request to the appropriate Bureau of Hearings & Appeals regional office and OLTL.

The listing of Bureau of Hearings & Appeals Regional Offices can be found at:

<http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/officeofadministration/bureauofhearingsandappeals/index.htm>

The SC will choose the appropriate office based on the participant's county of residence as indicated on the attached county listings. The required Bureau of Hearings & Appeals Cover Sheet and Instructions are also attached.

Additional Instructions

Hearing Evidence

It is recommended that the SC provides any pertinent evidence before the date of the hearing and during the hearing, but at minimum, upon the date of the hearing. The SC shall collect and submit any documentation that is pertinent to the appeal. Regulations require that the county office, administering agency, or service provider send their exhibits to the appellant and the judge prior to the hearing. See 55 Pa. Code § 275.3 for additional requirements. The judge may permit the parties to submit the exhibits at the time of the hearing, and even after the hearing, but it is at the judge's discretion. See 55 Pa. Code § 275.4 for additional procedures.

Restriction and/or Denial of Participant-Directed Models of Service

Refer to Appendix E of the waivers for more information on Involuntary Termination of Participant Direction. Participants or personal representatives who demonstrate the inability to self-direct their services will be required to transition to provider managed services. The participant has the right to an Appeal and Fair Hearing when involuntarily terminated from participant-direction or when denied the opportunity to enroll in a participant-directed service model. The SC is required to provide the MA 561 to the participant. Cases of suspected fraud must be reported to the DHS Bureau of Program Integrity.

HCBS Waiver Ineligibility

If waiver services are being denied at reassessment due to level of care, the agency conducting the level of care determination should send the PA 1768 to the County Assistance Office (CAO) and let the CAO provide the appeal notice to the participant. Do not issue the MA 561. If the Area Agency on Aging (AAA) is not the service coordinator, then the AAA should send a copy of the PA 1768 to the SC.