

Exhibit D

NOTICE OF RIGHT TO TIMELY ELIGIBILITY DECISION

As an applicant for the AIDS Waiver, Attendant Care Waiver, COMMCARE Waiver, Independence Waiver, or OBRA Waiver, you have the following RIGHTS:

- To have the information you provide kept confidential, except to the extent that you have authorized release of the information needed to determine your eligibility for services.
- To have a decision made on your eligibility for Waiver services within 90 days of the date of your application.
- To ask for a fair hearing if you do not receive a decision on your eligibility within 90 days of the date of your application. You should use the attached form to ask for a fair hearing for this reason.
- To get a written notice stating whether or not you are eligible for Waiver services. If the notice states that you are not eligible and you disagree with that decision, you can ask for a fair hearing. The notice will include a form for you to use to ask for a fair hearing.
- To have a lawyer or other person represent you if you ask for a fair hearing. The written notice will give you more information on how to get legal help.

**REQUEST FOR FAIR HEARING FOR FAILURE
TO RECEIVE TIMELY ELIGIBILITY DETERMINATION**

Name: _____

Address: _____

Telephone Number: _____

Birth date: _____

Social Security Number: _____

Medical Assistance Number (if you have one): _____

I applied for services under a Medical Assistance home and community-based waiver on (date). I understand that I have a right to receive a decision within 90 days on whether or not I am eligible for those services. It has been more than 90 days since I applied, and I have not yet received a decision. I am asking for a fair hearing because I have not gotten an eligibility decision within 90 days.

I want the following type of hearing (check one):

_____ Telephone Hearing. This is the telephone number where I can be reached to conduct the hearing: _____

_____ Face-to-Face Hearing. This hearing will be held in one of the following locations: Erie, Harrisburg, Philadelphia, Plymouth, or Reading. More information on the exact location of the hearing site will be sent to you if you request a face-to-face hearing.

If you need accommodations to attend or participate in the hearing, please indicate the specific accommodations required (language interpreter, sign language interpreter, communication device, etc.) in the space below. All requests for accommodations must be made before the hearing.

Before the scheduled hearing takes place, you or your representative have the right to examine all information which the agency will introduce as evidence at the hearing.

MAIL THIS REQUEST FOR A FAIR HEARING TO:

PA Independent Enrollment
Broker 6385 Flank Drive,
Suite 400
Harrisburg, PA 17112
[INSERT LANGUAGE TAG LINES]