

# APPEALS PROCESS FOR CLIENT SERVICES

As an individual who is applying for or receiving In-Home Services, we hope that you are pleased with the decisions being made regarding those services. However, you have the right to disagree with decisions made about your care. These decisions would include being found ineligible for services, having services denied to you, having services discontinued, or having services provided which you feel are not in your best interests.

## **APPEALS PROCESS**

In the case of applicants or participants who lack the capacity to make a knowing and informed decision regarding their own care, their CHOICE representative may appear on their behalf throughout the appeals process.

### **Step 1: Informal Review with the Care Manager and Care Manager Supervisor**

Any questions, concerns, or problems regarding CHOICE services must first be discussed with the care manager and the care manager supervisor. This informal meeting may take place either at the agency or at the applicant's or participant's home. The applicant or participant may be accompanied by an advocate. Within five (5) working days of the date of the informal meeting, the care manager supervisor must inform the applicant or participant in writing of the decision reached on the issues raised at the meeting. The care manager supervisor must also inform the applicant or participant that he/she may appeal the decision, in writing only, within eighteen (18) calendar days of the date of the care manager supervisor's decision.

### **Step 2: Agency Review**

The agency review process begins when an applicant or participant requires a review of the care manager supervisor's decision by the executive director of the agency or the director's designee. The request must be made in writing to the AAA within eighteen (18) calendar days of the date of the case manager supervisor's decision. The executive director or his/her designee (an employee of the AAA above the level of care manager supervisor) shall conduct the Agency Review at the applicant's or participant's home or at the CHOICE office, whichever is more convenient for the applicant or participant. The applicant or participant, his/her advocate (if desired), and the care manager or the care manager supervisor shall attend the review.

Applicants and participants will be given the opportunity to testify, present supporting materials and explain why they disagree with the action or decision and what they would view as an appropriate alternative. The care manager or care manager supervisor will also be asked to testify and explain the reasons for the decision or action taken.

Within five (5) working days (and after consulting with the agency's executive director if the person conducting the review is a designee), the person conducting the review will prepare the agency's final decision in writing, which will include findings of fact and the specific reason for the decision. The applicant or participant and his/her advocate (if any) will each be sent a copy of the decision by registered or certified mail, return receipt requested. The decision shall inform the applicant or participant of his/her right to an Administrative Hearing under Step 3 if dissatisfied with the agency's final decision.

### **Step 3: Administrative Hearing**

If an applicant or participant is dissatisfied with the decision reached at the Agency Review, then he/she may appeal the decision by requesting an Administrative Hearing. The applicant or participant must make the request for an Administrative Hearing, in writing, to the Director of the Division of Disability, Aging and Rehabilitative Services within eighteen (18) days of the date of the decision from the Agency Review. The request should include a statement regarding the issues the applicant or participant wishes reviewed and must be signed and dated.

Administrative Hearings will be conducted by Administrative Law Judges (ALJ's), or hearing officers, appointed by the Commissioner. The procedures and rules that govern the appeal process once an individual requests an Administrative Hearing are contained in IC 4-21.5 et seq., the Administrative Orders and Procedures Act. The ALJ will notify all involved persons of the date, time, and location of the hearing at least five (5) working days in advance. The applicant or participant will be notified by registered or certified mail, return receipt requested.

The hearing will be conducted pursuant to IC 4-21.5-3 et seq. Testimony will be taken under oath or affirmation and the proceedings will be tape-recorded. The applicant or participant, his/her advocate, any other witness(es) that a party chooses to present, and the care manager or care manager supervisor will each be given opportunity to place written material into evidence, present additional written or oral statements and ask questions of any party. If the applicant or participant wishes to have a transcript of the hearing, the Division of Disability, Aging and Rehabilitative Services will transcribe the tape at the individual's expense. The Division may waive this cost in exceptional circumstances.

Immediately following the hearing, the ALJ will prepare the proposed decision, which will include a report of the findings of fact and the reasons for the decision based on those findings of fact. This proposed decision will be forwarded to the Director of the Division of Disability, Aging, and Rehabilitative Services. A copy of the proposed decision will be sent to the AAA, the applicant or participant and his/her advocate (if any) by registered or certified mail, return receipt requested.

The Director of the Division of Disability, Aging and Rehabilitative Services will then either affirm, modify, or dissolve the ALJ's proposed decision. The AAA, the applicant or participant and his/her advocate will be notified of the Director's final order by registered or certified mail, return receipt requested.

**Step 4: Judicial Review**

If a participant appeals a decision which terminates any service that is already being provided, then the service(s) in question will usually be continued by the CHOICE program until the appeal is resolved. However, services which would be harmful to the participant, or which violate state or federal law or regulations and internal policies of the CHOICE program or the Division of Aging and Rehabilitative Services, will not be provided.

**Assistance Available to the Applicant or Participant During the Appeal Process.**

An applicant or participant may bring to his/her Informal Review, Agency Review, and Administrative Hearing any person he/she wishes to present, including legal counsel. The Division of Disability, Aging and Rehabilitative Services will not pay for legal counsel for an applicant or participant during the appeal process. Free legal counsel may be available to the applicant or participant through community legal services organizations, the addresses of which will be available at the AAA.

Interpreter services will be made available to assist the deaf or non-English speaking. Reader services will be made available to assist the blind. However, if the applicant or participant requires these services for participation in the Agency Review or Administrative Hearing, the applicant or participant must discuss the arrangements with the care manager beforehand.

Complaints should be directed to:

**CICOA Aging & In-Home Solutions, Inc.  
4755 Kingsway Drive, Suite 200  
Indianapolis, IN 46205-1560**