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|--------------|--------|---------------|-----------------|
| Branch: | Prime: | Pgm: | DOB: |
| Case name: | | | Date of notice: |
| Worker name: | | Phone number: | |

**Notice of Eligibility and
Responsibility
OAR 410-120-0006**

Effective _____, you are approved for the benefits that are marked below. You will receive these benefits as long as you meet all eligibility requirements. If you have a liability, you must pay the full amount each month to be eligible for benefits. If you do not pay the full amount, you may have to repay ODHS/OHA for all benefits received that month. Please call if you have any questions. See page 4 of this form for your hearing rights.

Cash benefits

You are eligible as follows:

First month \$ _____ Ongoing months \$ _____

Oregon Administrative Rules:

- Community Transition Services (461-155-0500, 461-155-0526)
- Food for Guide Dogs and Special Assistance Animals (461-155-0500, 461-155-0530)
- Laundry Allowance (461-155-0500, 461-155-0580)
- In-home Supplement (461-155-0500, 461-155-0575)
- Home Repairs (461-155-0500, 461-155-0600)
- Moving Costs (461-155-0500, 461-155-0610)
- Property Taxes (461-155-0500, 461-155-0620)
- Diversion Services (461-155-0500, 461-155-0710)
- Community Based Care (461-155-0500, 461-155-0630)
- Supplemental Communication Allowance (461-155-0500, 461-155-0680)
- Accommodation Allowance (461-155-0500, 461-155-0660)

Special Diet Allowance (461-155-0500, 461-155-0670)

Prescription Drug Co-pay Coverage (461-155-0500, 461-155-0688)

Home Adaptions due to a Client's Physical Condition (461-155-0500, 461-155-0551)

Personal Incidentals and Room and Board (461-155-0700, 461-155-0688)

In-home care

You remain eligible for in-home services as a result of the assessment completed on_____

Your service priority level has not changed from your previous assessment.

You are eligible for the same number of hours from your previous assessment.

Oregon Administrative Rules:

411-015-0015, 461-160-0610, 461-160-0620, 461-185-0050.

Independent Choices Program (ICP)

Cash grant for you to use to pay for long term care services.

First month \$_____ Ongoing months \$_____

(See attached 546IC2Wk and ICP Budget Worksheet.)

Oregon Administrative Rules: 411-015-0015, 461-160-0610, 461-160-0620, 461-185-0050.

State plan personal care services – (See attached 546PC)

Community based care facility

You must pay the following:

| First month | Ongoing months | |
|-------------|----------------|-----------------------------------|
| \$ | \$ | Liability |
| + | + | Room and board |
| \$ | \$ | Total monthly payment to facility |

Oregon Administrative Rules: 461-160-0610, 461-160-0620

Nursing facility services

With a liability to the facility of:

First month \$_____ Ongoing months \$_____

Oregon Administrative Rules: 461-160- 0610, 461-160- 0620

Notes or comments:

Your Hearing Rights

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

- 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) or Oregon Health Authority (OHA).

If you want a hearing, you must request it on time.

- You can also talk with a manager. You can call a local office phone number listed at <https://www.oregon.gov/DHS/Offices/Pages/index.aspx>. Your deadline date to request a hearing (*part 1 below*) does not change even if you are in contact with a manager or are trying to reach one. If you still need further assistance, you may contact the Governor's Advocacy Office at 1-800-442-5238.

Part 1 — Ask for a hearing.

What must I do to get a hearing? For food benefits and medical eligibility, you can ask for a hearing on form MSC 0443, by phone, in writing, or by asking a DHS employee in person. For other benefits, you must fill out an Administrative Hearing Request form (MSC 0443) and return it to a DHS or OHA office. You can get this form at a DHS or OHA office or on the web at <https://apps.state.or.us/Forms/Served/me0443.pdf>. Your local office can help you with a hearing request. You may request a hearing at any time if you disagree with the current amount of your food benefits. You have 90 days to request a hearing for food benefits, medical eligibility, and for TANF reductions for not cooperating with your case plan. For medical service denials: if you are a fee-for-service member you have 60 days from the date of notice to request a hearing; if you are enrolled in a Coordinated Care Organization (CCO), once the appeal is completed through your CCO you have 120 days from the date on the Notice of Appeal Resolution letter to request a hearing. In other situations, DHS must receive your request within 45 days from the date on the notice.

Note to military personnel: Active duty service members have a right to stay (*delay*) these proceedings under the federal Servicemembers Civil Relief Act (SCRA). For more information, you may contact the Oregon State Bar (1-800-452-8260), the Oregon Military Department (503-584-3571) or the nearest legal assistance office, legalassistance.law.af.mil.

Who can help with my hearing? For food benefits and for medical programs, anyone 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 or OHA 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 — How can I keep getting benefits until my hearing?

- You can ask for your benefits to stay the same until the hearing decision (*"continuing benefits"*). For food and medical benefits, use form MSC 0443, phone, write or ask a DHS employee in person. In other programs, you must ask on the Administrative Hearing Request form (MSC 0443).
- You must ask your branch for continuing benefits by either the "effective date" on the notice, 10 days after the date of the notice, or (*for medical only*) 10 days after receipt of the notice. You must ask by whichever date is later.
- If you keep getting benefits but lose the hearing, you must pay back the benefits you should not have received.
- If you don't keep getting benefits and win the hearing, DHS or OHA will give you the benefits you should have received.

Part 3 — Can I have an expedited hearing?

You may have the right to an "expedited hearing" for any of the following types of benefits or situations:

- Expedited or emergency food benefits
- JOBS and Pre-TANF payments
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) eligibility and payments
- In a medical case, you have an immediate need for health services and standard timeline for the appeal process could jeopardize your life or health or ability to attain, maintain, or regain maximum function
- DHS or OHA denied your request to keep getting benefits until your hearing

DHS and OHA do not discriminate against anyone. This means that DHS/OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation. You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons.