

EXHIBIT G
OREGON HEALTH PLAN MENTAL HEALTH SERVICES
CLIENT NOTICES, GRIEVANCE, APPEALS, AND HEARINGS PROCESS

Contractor shall have written policies and procedures for a Grievance and Appeal process and access to the DHS administrative hearing process. An OHP Member or OHP Member Representative may file a Grievance or an Appeal either orally or in writing. Contractor shall acknowledge receipt of each Grievance and Appeal. Contractor may not discourage OHP Member's, or OHP Member Representative's, use of the DHS administrative hearing process, however any hearing request made outside of Contractor's Grievance and Appeal process shall be reviewed by Contractor upon notification by AMH.

1. Client Notices

- a. Contractor, Subcontractor or Provider, shall issue a written Notice of Action in a form meeting the OHP Member's special needs, to the OHP Member or OHP Member Representative, each time a Service or benefit will be terminated, suspended or reduced; each time a request for Service authorization is denied or limited; or a request for claim payment is denied in whole or in part. A Notice of Action shall be mailed to the OHP Member or OHP Member Representative:
- (1) For termination, suspension, or reduction of previously authorized Services, at least ten (10) days before the date of action;
 - (2) For denial of payment, at the time of any action affecting the claim;
 - (3) For Service authorization requests, when a decision is made to deny the Service authorization request, or to authorize an amount, duration, or scope that is less than requested; as expeditiously as the OHP Member's mental health condition requires, but not to exceed 14 calendar days following receipt of the request for Service with a possible extension of 14 additional calendar days if the OHP Member or Provider requests extension, or the Contractor justifies a need for additional information and the extension is in the OHP Member's interest. If Contractor extends the timeframe, Contractor must give OHP Member written notice of the reason for the decision to extend the timeframe and inform the OHP Member of the right to file a Grievance if the OHP Member disagrees with that decision. Contractor shall issue and carry out its determination as expeditiously as the OHP Member's mental health condition requires and no later than the date the extension expires. For cases in which a

Provider indicates, or Contractor determines, that following the standard timeframe could seriously jeopardize the OHP Member's life or health or ability to attain, maintain, or regain maximum function, Contractor shall make an expedited Service authorization decision and provide notice as expeditiously as the OHP Member's mental health requires and no later than 3 working days after receipt of the request for Service. Contractor may extend the 3 working day time period by up to 14 calendar days if the OHP Member requests an extension, or if Contractor justifies a need for additional information and how the extension is in the OHP Member's interest. Contractor shall issue a Notice of Action on the date that the timeframes expire when Service authorization decisions are not reached within the timeframes for either standard or expedited Service authorizations. Untimely Service authorizations constitute a denial and considered adverse actions; or

- (4) If probable OHP Member fraud has been verified, the period of advanced notice is shortened to 5 days.
- b. Contractor may mail a Notice of Action not later than the date of action if:
- (1) there is factual information confirming the death of the OHP Member;
 - (2) Contractor receives a clear written statement signed by the OHP Member, or OHP Member Representative, that:
 - (i) the services are no longer desired; or
 - (ii) the OHP Member, or OHP Member representative gives information that requires termination or reduction in services, and understands that the termination or reduction in services is a result of giving that information;
 - (3) the OHP Member has been admitted to an institution which makes them ineligible for Covered Services;
 - (4) the OHP Member's whereabouts are unknown and mail has been returned indicating no forwarding address;
 - (5) the OHP Member has been accepted for Medicaid services by another local jurisdiction; or

- (6) a change in the level of care is prescribed by the OHP Member's mental health practitioner.

Notice of Action shall be in an AMH approved format, written using easily understood language, translated into the non-English language spoken by the OHP Member, and in an appropriate manner that takes into consideration those OHP Members with special needs. Contractor shall inform OHP Members that information is available in alternative formats and how to access those formats. Contractor shall notify OHP Members that oral interpretation is available for any language and how to access those services.

- c. A Notice of Action shall inform the OHP Member of the following:
 - (1) A statement of the action, and the effective date of such action;
 - (2) Reasons for the action;
 - (3) The OHP Member's, or Provider's right to file an Appeal with Contractor and OHP Members right to request an administrative hearing with DHS;
 - (4) The method by which the OHP Member may exercise their right to file Grievance or Appeal or obtain a DHS administrative hearing;
 - (5) In the event the OHP Member, or Provider feels the mental health problem cannot wait for the normal Appeal process, how to request an Expedited Appeal;
 - (6) The OHP Member's right to request continuation of Services until a decision is rendered. The OHP Member shall also be informed how to request that Services be continued and that any Services continued may have to be repaid by the OHP Member if the issue is resolved in favor of Contractor; and
 - (7) The name and telephone number of a person to contact for additional information.
- d. The OHP Member or OHP Member Representative who files an Appeal shall receive a written decision from Contractor. A copy of the Notice of Hearing Rights (OHP-0505-3/98) and Administrative Hearing Request Form (AFS 443) shall be attached to the written decision.

- e. Contractor shall make available in all clinics frequented by OHP Members information concerning client notices, Grievances, Appeals, and hearings processes.
- f. Contractor must reinstate services if:
 - (1) Contractor takes an action to deny, reduce, or discontinue services without providing the required notice; or
 - (2) Contractor does not provide the notice in the time specified above in Section 1. A., Client Notices, and the OHP Member requests a hearing within ten (10) days of the mailing of the notice of action; or
 - (3) The US Postal Service returns mail directed to the OHP Member, but the OHP Member's whereabouts become known during the time the OHP Member is eligible for service.

2. Handling of Appeals

- a. Contractor shall ensure that decision makers for Grievances and Appeals were not involved in previous levels of review or decision-making and are mental health care professionals with clinical expertise in treating the OHP Member's mental health condition if any of the following apply:
 - (1) An Appeal of a denial based on lack of Medical Appropriateness;
 - (2) A Grievance regarding the denial of a request for an expedited process; or
 - (3) Any Appeal involving clinical issues.
- b. OHP Member or OHP Member Representative or Provider acting on behalf of the Member and with the OHP Member's written consent, may file an Appeal either in writing or orally, but must follow an oral filing with a written Appeal, unless the OHP Member or OHP Member Representative requests an expedited process.
- c. Contractor shall provide the OHP Member or OHP Member Representative an opportunity to present evidence for an Appeal in person as well as in writing. Contractor must inform the OHP Member of the limited time available for this in the case of an expedited process.

- d. Contractor shall provide the OHP Member or OHP Member Representative with an opportunity, before and during the Appeals process, to examine the OHP Member's clinical records, and any other documents and records, consistent with state law or other federal regulations governing privacy and confidentiality of mental health records, and any other documents and records, considered during the Appeals process.
- e. An OHP Member or OHP Member Representative may file an Appeal with Contractor within a reasonable timeframe that cannot be less than 20 days and not to exceed 90 days from the date of the Notice of Action.

3. Continuation of Services Pending Appeal Resolution

- a. If the OHP Member or OHP Member Representative wishes to have Services continued while the Appeal is being resolved, the OHP Member or OHP Member Representative must file the Appeal with Contractor before the effective date of the action or within ten calendar days after the date of the Notice of Action was mailed or given to the OHP Member or OHP Member Representative. If the OHP Member or OHP Member Representative requests continuation of Services, Contractor must continue Services if:
 - (1) the Appeal was filed in a timely manner;
 - (2) appeal involves termination, suspension, or reduction of a previously;
 - (3) authorized course of treatment;
 - (4) Services were authorized by a Participating Provider; and
 - (5) the original authorization has not expired.
- b. If Contractor continues or reinstates Services while the Appeal is pending, Services must be continued until one of the following occurs:
 - (1) the OHP Member withdraws the appeal;
 - (2) the OHP Member does not request an administrative hearing within 10 days from when Contractor mails notice of an adverse decision;
 - (3) an Administrative hearing decision adverse to the OHP Member is made; or

(4) The original authorization expires or service limits are met.

4. Expedited Appeals

OHP Member, or Provider on behalf of the OHP Member, may file an expedited Appeal either orally or in writing. No additional follow up by the OHP Member is required.

- a. The OHP Member is only entitled to an expedited Appeal process if the mental status of the OHP Member meets the definition of an Emergency Situation or Urgent Situation and the situation cannot wait to be addressed within the time frames associated with a regular Appeal.
- b. If the OHP Member's situation is consistent with criteria described above in Section (2), the OHP Member or OHP Member Representative may request an expedited Appeal process by indicating such in the place provided on the form and then explain why a decision is needed right away. Contractor must inform the OHP Member, or OHP Member Representative, of the limited time available to present evidence, allegation of fact or law, in person or in writing, for the expedited review.
- c. For an expedited Appeal, Contractor shall resolve each expedited Appeal and provide the OHP Member or OHP Member Representative notice, as expeditiously as the OHP Member's mental health condition requires, not to exceed three (3) working days after Contractor receives the request for an expedited Appeal. Contractor may extend the timeframes by up to 14 calendar days if the OHP Member requests the extension, or Contractor shows that there is need for additional information and how the delay is in the OHP Member's interest. For any extension not requested by the OHP Member, Contractor shall give the OHP Member written notice of the reason for the delay. In addition to the written notice, Contractor shall make reasonable efforts to provide oral notice. Contractor must ensure that punitive action is not taken against a Provider who either requests an expedited resolution or supports the OHP Member's appeal.
- d. If Contractor denies an OHP Member or an OHP Member Representative request for an expedited Appeal, Contractor must follow the timeframe for standard Appeals. Contractor shall make reasonable efforts to give OHP Member or OHP Member Representative prompt oral notice and follow up within two calendar days with a written notice.

5. Resolution of Appeals

- a. Contractor must resolve each Appeal and provide notice of the resolution of the Appeal as expeditiously as the OHP Member's mental health condition requires, not to exceed 45 days from the date Contractor receives the Appeal.
- b. Contractor may extend the timeframe by up to fourteen (14) days if the OHP Member requests the extension or if Contractor shows that there is need for additional information and how the delay is in the OHP Member's interest. For any extension not requested by OHP Member or OHP Member Representative, Contractor must give the OHP Member or OHP Member Representative written notice of the reason for the delay.
- c. Contractor must provide written notice of the disposition that includes outcome and date of the Appeal resolution. If the decision is not in the OHP Member's favor, notice must include OHP Member's right to request an administrative hearing and the process to request a hearing, the OHP Member's right to request continuation of services pending a hearing, the process to request continuation of Services and that the OHP Member may be held responsible for the cost of continued Services if the hearing is in favor of Contractor.
- d. If Contractor, or the DHS Administrative Hearing Officer, reverses a decision to terminate, suspend, or reduce Services or reverses a decision to deny authorization of Services, Contractor shall:
 - (1) authorize or provide the disputed Services promptly, and as expeditiously as the enrollee's health condition requires it, if the Services were not provided while the appeal is pending; or
 - (2) pay for disputed Services if the OHP Member received the Services while the appeal is pending.

6. Grievances

- a. OHP Member or OHP Member Representative may file a Grievance either orally or in writing. If the OHP Member or OHP Member Representative expresses dissatisfaction or a concern orally, the individual receiving such information shall ask the OHP Member or OHP Member Representative whether the expression of dissatisfaction or concern is something that needs resolution. If the OHP Member or OHP Member Representative indicates that resolution is desired, the person receiving the expression of

- dissatisfaction or concern shall describe the Grievance process, provide written materials, and request the OHP Member or OHP Member Representative to put the Grievance in writing. Contractor shall make staff available to help the OHP Member or OHP Member Representative put the Grievance in writing, if requested, or it appears assistance is needed.
- b. Contractor shall review the Grievance and determine whether additional information is needed from the OHP Member, the OHP Member Representative, or the provider to address the issue.
 - c. If Contractor determines that additional information is needed from the OHP Member or OHP Member Representative, Contractor shall notify the OHP Member or OHP Member Representative that additional information is needed and must be furnished to Contractor within ten calendar days or another mutually agreed upon time frame or the Grievance may be resolved without this information.
 - d. If Contractor Representative determines that additional information is needed from the provider, Contractor Representative shall obtain such information as quickly as possible.
 - e. Contractor shall determine whether the issue can be resolved within 20 calendar days of receipt and shall address the Grievance within this time period, if possible. If the issue cannot be resolved within 20 calendar days, Contractor shall notify the OHP Member or OHP Member Representative in writing that a decision regarding the Grievance cannot be made within 20 calendar days. This notice must:
 - (1) Be issued as soon as it is known that a delay will occur;
 - (2) State when a decision will be made; and
 - (3) Specify the reason for the delay.
 - f. Contractor shall issue to the OHP Member or OHP Member Representative a written decision on the Grievance issue. The decision shall review and specifically address each element of the Grievance. If the decision is adverse to the OHP Member, the written notice issued shall include all elements of a Notice of Action and shall include the Administrative Hearing Request form.

- g. Contractor shall resolve each Grievance and provide notice as expeditiously as the OHP Member's mental health condition requires, within the time frames specified above, but not to exceed a total of 90 days from the date Contractor receives the Grievance.

7. Grievance and Appeal Resolution

Contractor shall have the following responsibilities in resolving disagreements with OHP Members and/or OHP Member Representatives:

- a. Have written procedures for accepting, documenting, processing, analyzing, resolving and responding to all Grievances and Appeals made and DHS administrative hearings requested by OHP Members or OHP Member Representatives.
- b. Designate staff members to handle Grievances and Appeals received and DHS administrative hearings requested by OHP Members or OHP Member Representatives. The designees shall be persons with the authority and expertise necessary to make a final clinical or administrative decision at the Contractor level.
- c. Have a method of informing its Participating Providers of the Grievance and Appeal process and DHS administrative hearings procedures, monitoring Participating Providers compliance with such procedures, and taking corrective action to assure Participating Providers compliance with procedures and reporting requirements.
- d. Have a method of informing OHP Members about the Grievance and Appeal process and the DHS administrative hearings procedures. Information provided to OHP Members shall include the following:
 - (1) Written material, or alternative forms as required by the OHP Member's special need, describing these processes;
 - (2) Assurance that clinical information related to the Grievance and Appeal or DHS administrative hearing issue will be kept confidential except to the extent that sharing of such information between Contractor and DHS, and other persons authorized by the OHP Member, is necessary to resolve the issue;

- (3) Availability of Grievance and Appeal forms, Notice of Hearing Rights (MHDDSD-OHP-0505-3/98), Notice of Grievance and Appeal Process (MHDDSD-OHP-0504-3/98), and Administrative Hearing Request forms (AFS 443) in all offices; and
 - (4) Assurance that Contractor and its Participating Providers will take no retaliatory action against the OHP Member for filing a Grievance or Appeal or requesting a DHS administrative hearing.
- e. Deliver the Notice of Action by mail to OHP Member or OHP Member Representative.
 - f. Have a method of forwarding to the QA Committee of AMH, as necessary, an analysis of Grievances and Appeals received and DHS administrative hearings requested.
 - g. Retain the following documents regarding Grievances and Appeals and DHS administrative hearings in a central location:
 - (1) the log of Grievances and Appeals received and hearings requested;
 - (2) a file of written Grievances and Appeals received and hearings requested, records of the review or investigation, and resolution.
 - (3) files shall be maintained for a minimum of two calendar years from the date of resolution.
 - h. Afford OHP Members or OHP Member Representatives the full use of the Grievance and Appeals process and DHS administrative hearing procedures without penalty.
 - i. Cooperate with AMH and OHP Member or OHP Member Representative in seeking a remedy to the Grievance or Appeal and DHS administrative hearing issues and comply with and fully implement the hearing decision. Cooperation may include providing a written response to AMH upon request.
 - j. Cooperate in DHS administrative hearing process and make available, as determined necessary by AMH Representative prior to the hearing or the Hearing Officer during the hearing, all persons with relevant information and all pertinent files and Clinical Records.

8. Procedure for DHS Administrative Hearings

- a. If the hearing issue involves a Notice of Action, or a decision about a Appeal, the OHP Member or OHP Member Representative must request a hearing within 45 calendar days of the date of the Notice of Action.
 - (1) If the hearing issue involves a Notice of Action that involved benefit continuation and the OHP Member or OHP Member Representative wishes to have benefits continued while the hearing issue is being resolved, the OHP Member or OHP Member Representative must request a hearing before the effective date of the intended action or within ten calendar days after the date of the Notice of Action or written Appeal decision was mailed or given to the OHP Member or OHP Member Representative.
 - (2) If the OHP Member or OHP Member Representative wishes to have the hearing dealt with in an expeditious manner, the OHP Member or OHP Member Representative must indicate such on the Administrative Hearing Request (form AFS 443) and explain why a decision is needed right away. The OHP Member is entitled to an expedited hearing if the mental status of the OHP Member meets the definition of an Emergency Situation or Urgent Situation and the situation cannot wait to be addressed within the time frames associated with a regular Hearing.
- b. Upon receipt of the Administrative Hearings Request (form AFS 443), the receiver shall forward it and any documentation related to the hearing issue to AMH Representative and the Office of Administrative Hearings.
- c. AMH Representative shall notify the Contractor within five (5) working days and shall review the Administrative Hearing Request, documentation related to the hearing issue, and computer records to determine whether the claimant or the person for whom the request is being made is an OHP Member at the time the Action was taken and; whether the hearing request was timely (requested within 45 calendar days of the Notice of Action, or a decision about an Appeal and whether benefit continuation has been requested.
 - (1) In cases where the OHP Member or OHP Member Representative wishes to have benefits continued while the hearing issue is being resolved, AMH Representative will notify the Contractor to continue the services. The service shall be continued until whichever of the

following occurs first (but in no event should exceed ninety (90) days from the date of the OHP Member's or OHP Member Representative's request for a DHS administrative hearing):

- (a) the current authorization expires; or
- (b) decision is rendered about the Appeal; or
- (c) the client is no longer eligible for Medicaid benefits.

The Contractor shall notify the OHP Member in writing that it is continuing the service and that if the hearing is resolved against the OHP Member, the cost of any services continued after the effective date of the Client Notice may be recovered from the OHP Member.

- (2) If AMH Representative finds that the person for whom the request is being made is not an OHP Member or that the hearing request was untimely or that a request for benefit continuation was untimely, AMH Representative shall request the Office of Administrative Hearings to conduct a pre-hearing conference to determine whether there is jurisdiction to hear the case and/or whether the OHP Member or OHP Member Representative had Good Cause for making a late request.
 - (3) If the hearings officer finds that there is no jurisdiction to hear the case and/or that Good Cause did not exist, the hearings officer shall issue a proposed order notifying the claimant of the decision.
- d. In those situations where there is jurisdiction and/or Good Cause as determined by the hearings officer during the brief hearing, the following shall occur: The parties to the Administrative Hearing shall include the Contractor, as well as the OHP Member and OHP Member Representative, or the representative of a deceased OHP Member's estate.
- (1) The hearings officer shall schedule a hearing on a day and time that is acceptable to AMH Representative and the OHP Member.
 - (2) Contractor Representative and AMH Representative shall collect relevant documentation and submit it for review by the clinical directors or designees of the clinical directors of payers with an interest in the hearing issue.

- (3) The clinical directors or designees shall determine if the case was handled correctly and inform Contractor Representative or AMH Representative of the conclusion reached.
- (4) If it is determined that the case was handled incorrectly, Contractor Representative or AMH Representative shall inform the OHP Member or OHP Member Representative of how the issue will be addressed. If the OHP Member or OHP Member Representative is satisfied with how the issue will be addressed, the OHP Member or OHP Member Representative shall notify, by phone and in writing, AMH Representative that the request for hearing is being withdrawn.
- (5) If it is determined that the case was handled correctly and the original decision stands, or when the case was handled incorrectly and the OHP Member or OHP Member Representative is not satisfied with how the issue will be addressed, Contractor Representative shall identify witnesses to testify during the hearing, prepare a letter stating the position of Contractor concerning the issue and forward copies of all evidence to AMH Representative.
- (6) AMH Representative shall prepare a pre-hearing summary of findings and conclusions based on research efforts, review of documentation submitted and interviews with parties to the issue.
- (7) AMH Representative shall offer to the OHP Member or OHP Member Representative a pre-hearing conference with DHS Hearings Officer and Contractor so that all parties with an interest in the hearing issue can explain facts and positions regarding the hearing issue.
- (8) AMH Representative shall update the pre-hearing summary based on the pre-hearing conference, if held, and at least seven working days before the scheduled hearing forward copies of the hearing packet to the hearing officer or other designated representative, claimant and Contractor.
- (9) The DHS Hearings Officer shall conduct the hearing in accordance with OAR 137-003-0501 through 137-003-0700. Following the conclusion of the hearing, the hearings officer will issue a proposed order. After considering any timely exceptions and argument, DHS will issue a final order in accordance with OAR 137-003-0665.

- (10) The OHP Member or OHP Member Representative may request reconsideration of a final order or request a rehearing as described in OAR 137-003-0675, Reconsideration and Rehearing – Contested Cases.

9. Expedited Hearings

- a. An OHP Member is entitled to an expedited administrative hearing if the mental status of the OHP Member meets the definition of an Emergency Situation or Urgent Situation and the situation cannot wait to be addressed within the time frames associated with a regular hearing. The OHP Member or OHP Member Representative must request an expedited hearing and provide information justifying such a request.
- b. Upon receipt of an expedited DHS administrative hearing request, Contractor Representative or AMH Representative who received the request shall immediately notify other payers with an interest in the issue and begin collecting relevant documents.
- c. Contractor Representative shall forward, as soon as available, information collected to AMH Representative. These documents shall include preauthorization documents, Notices of Action, and Clinical Records supporting the notice and degree of urgency of the issue.
- d. Contractor Clinical Director and AMH Medical Director, or designees of said directors shall, within, as nearly as possible two (2) working days from date of request, review documentation received to determine if the mental status of the OHP Member meets the definition of Emergency Situation or Urgent Situation. Contractor Clinical Director and AMH Medical Director shall discuss their findings and attempt to come to agreement. If agreement cannot be reached, the decision of the AMH Medical Director shall be final.
- e. Contractor Clinical Director and AMH Medical Director, or designees of said directors, shall notify Contractor Representative and AMH Representative of the decision and the basis for that decision.
- f. Contractor Representative or AMH Representative shall notify, by phone and in writing, the appropriate parties of the decision about whether the expedited request will be granted. If an expedited DHS administrative hearing was requested, both the OHP Member and the Office of Administrative Hearings will be notified.

**SAMPLE NOTICE OF ACTION
MHO LETTERHEAD**

Date of Notice	Notice ID Number
Name of Member	Member ID Number
Street Address	Practitioner Name
City, State and Zip Code	Proposed Treatment/ Condition

Dear *[Name of Member]*:

This is a notice that *[TYPE OF MENTAL HEALTH SERVICE]* will be *[REDUCED/SUSPENDED/TERMINATED]* on *[DATE]*. This *[TYPE OF TREATMENT]* is denied because of *[REASON FOR DENIAL]*.

If you disagree with this decision and you want to do something about it, you must do one or both of the following:

File an Appeal. You can file an Appeal. Information about how to file an Appeal is attached to this letter. If you file an Appeal, it must be filed within 30 calendar days of this letter.

Request a hearing. If you request a hearing, you must make the request within 45 calendar days of the date of this letter or, if you do the Appeal first, within 45 calendar days of the date of the Appeal decision. If you request a hearing, you will lose your right to use the Appeal process. Information about how to request a hearing is attached to this letter.

You can call *[NAME AND PHONE NUMBER OF MHO REPRESENTATIVE]* for more information.

IMPORTANT!

If you want your *[TYPE OF TREATMENT]* to stay the same while you wait for the Appeal or hearing decision, you must file your Appeal or request a hearing by *[DATE OF ACTION]* or within ten calendar days after the date this letter is mailed or given to you, whichever is later. You need to say on your Appeal form or hearing request form that you want your benefits/services to stay the same. If your benefits/services stay the same and you lose the Appeal or hearing, you may be required to pay for the cost of the benefits/services you received from the *[DATE OF ACTION]* until the decision.

OHP-0504 (Updated on 12/02)

NOTICE OF GRIEVANCE AND APPEAL PROCESS

- Where to get a Grievance and Appeal form. Call the name and phone number of the mental health plan on your ID card for a Grievance and Appeal form. Also, you can call or ask your mental health provider for a form.
- How to file the Grievance or. Fill out the form. Explain why you disagree with the decision. Tell what you want to happen. Sign the form. Send it or take it to the address listed on the form.
- If you have an urgent problem. If you need a decision quickly you may ask for an Expedited Appeal process. You need to indicate in the place provided on the form that you are requesting an expedited process and write why you need to have your Grievance or Appeal decided right away. The medical director will look at your records and the reason you gave and decide if your Grievance or Appeal needs to be decided right away.
- Deadlines for filing the Appeal. If your Appeal is about a decision in a written notice you received, you must file your Appeal within 30 calendar days of the date of the notice you received. You may be able to get more time if you have good cause for being late.

If your Grievance or Appeal is about a change in services/benefits and you want the services/benefits to stay the same while you wait for the decision, you must file by the date your services/benefits will change or within 10 calendar days after the date the letter notifying you of the change was mailed or given to you, whichever is later.

- When a decision will be made. You will get a decision about your Grievance or Appeal within 20 calendar days of when your Grievance or Appeal was received.
- If you do not agree with the decision, you can ask for a hearing. Information about how to request a hearing is attached to this letter. If you ask for a hearing before you get a decision, you lose the right to use the Grievance and Appeal process.
- Grievance and Appeal records. Any information in the file can be used in the hearing if you request a hearing.

NOTICE OF HEARING RIGHTS

- Where to get a hearing request form. The form is called the Administrative Hearing Request (form AFS 443). You can get the form by calling the local Department of Human Services (DHS) office and asking for it. Also, you can get the form from your mental health provider or by calling the name and phone number of the Mental Health Plan on your I.D. card, or by calling the Addictions and Mental Health Division at (503) 947-5528.
- How to file your request for a hearing. Fill out the hearing request form. Give the form to your provider or call the name and phone number on the attached letter for an address. You also may send the form directly to AMH Representative at Addictions and Mental Health Division at, 500 Summer St NE, E-86, Salem, OR 97301-1118.
- If you have an urgent problem. If you need a decision quickly, you may ask for an Expedited Hearing. You need to write on your request that it is an expedited request and why you think you need to have a decision right away. The AMH Medical Director will look at your records and the reason you gave and decide if you need a decision right away.
- Deadlines for filing your request for a hearing. If your hearing request is about a decision in a letter you received, you must file your hearing request within 45 calendar days of the date of the letter you received or within 45 calendar days of the date of the Grievance decision. You may be able to get more time if you have good cause for being late.

If your hearing request is about a change in services/benefits and you want the services/benefits to stay the same while you wait for the hearing decision, you must file a hearing request by the date your services/benefits will change or within 10 calendar days after the date the attached letter was mailed or given to you, whichever is later. If you waited for a Grievance decision and you want the services/benefits to stay the same while you wait for a hearing decision, you must file the hearing request within 10 calendar days of the date the Grievance decision was mailed or given to you, whichever is later.

- What will happen. AMH Representative will ask you what you think was wrong. You have a right to a pre-hearing conference with AMH Representative. You may be able to resolve the problem without a hearing. If the problem is not resolved, you will have a hearing. At a hearing, you can tell the Administrative Hearing Officer your position and you can have other people testify for you. The

State of Oregon will be represented and can have people testify. The Administrative Hearing Officer will issue a proposed order and DHS will make a final decision within 90 days from the date of your request for a hearing.

- If you disagree with the decision. You can request a reconsideration or appeal to the Court of Appeals if you disagree with the decision.
- Who can help. You can have a lawyer or someone else help you at the hearing. The state will not pay for a lawyer. Your local legal aid office or Oregon Advocacy Center (1-800-452-1694) may be able to give you advice or help you with your hearing.
- When a decision will be made. DHS must make a decision within 90 days of your request for a hearing.