



Informational Memo

Requirement for Supplemental Habilitation and Additional Individualized Staffing Appeal Requests

ODP Communication Number: Memo 164-11

AUDIENCE: Individuals and Families, Direct Service Waiver Providers, Administrative Entities (AEs), Counties, Supports Coordination Organizations (SCOs), and all interested parties

PURPOSE: This Office of Developmental Programs (ODP) informational memo is intended to reiterate the mailing address to send appeals made by individuals for Supplemental Habilitation (SH) and Additional Individualized Staffing (AIS).

DISCUSSION

When a determination is made by ODP for a SH or AIS PROMISE™ prior authorization request, the **Notice of Prior Authorization Decision Letter** is mailed, via the United States Postal Service, to the Individual, AE, SCO, and ODP Regional Office. On the last page of the decision letter, there is language that specifies where appeal requests are to be mailed. Below is a section of the decision letter that specifies where appeals **must** be mailed (circled in red).

Attention – Important Information

- If you are dissatisfied with this decision, you may request a fair hearing by completing and signing the DP 458, Fair Hearing Request Form. The DP 458 form is located on odpconsulting.net > ODP Resources > ODP Forms. Please include the Prior Authorization reference number printed in this notice. A copy of this notice must be enclosed with your request for an appeal. Your request for appeal must be postmarked or hand delivered within 30 calendar days of the date of this notice to the following address:

ATTN: Individual Appeals – SH/AIS Prior Authorization
Office of Developmental Programs
Dept. of Public Welfare
412 Health & Welfare Bldg.
Harrisburg, PA 17105-2675

- If you have been receiving the services that are being reduced, suspended, terminated, or denied, and you file an appeal that is hand delivered or postmarked within 10 calendar days of this notice, the services will continue until a decision on the appeal is made.
- You have the right to be present at the appeal hearing and to bring a family member, friend, lawyer, or other person to help you.

To ensure all parties are adequately represented at an appeal hearing, it is critical that the completed **Fair Hearing and Request Form**, DP 458, is mailed to ODP Central Office only. **DO NOT MAIL** the DP 458 directly to the Bureau of Hearings and Appeals (BHA). For questions regarding this communication, please contact the ODP Regional Program Manager assigned to your region.