Customer/guardian information
What We Believe

ICM's mission is to provide excellent individualized services and supports to individuals with developmental disabilities and their families across Arkansas.

ICM's vision is to provide the support necessary so that individuals remain in their community of choice, to experience and promote interactions with those around them and to provide the opportunities for an enhanced quality of life.

ICM strives to maintain the following rights for all customers:

- To be free from physical or psychological abuse or neglect, retaliation, humiliation and financial exploitation.
- To have control over their own financial resources, wherever possible.
- To receive, purchase, have and use personal property.
- To actively and meaningfully make decisions affecting one's own life.
- To access information pertinent to the individual in sufficient time to facilitate decision making.
- To have privacy.
- To be able to associate and communicate publicly or privately with any person or group of the individual's choice.

http://icm-inc.org/believe.html 10/26/2015
• To practice the religion of choice.
• To seek external advocacy services from any organization or person of their choosing at any time for any purpose.
• To be free from the inappropriate use of a physical or chemical restraint, medication, or physician’s treatment.
• To be treated with dignity and respect.
• To receive due process.
• To offer input into all services/support.
• To have access to their own records including information on how funding is accessed and utilized on individuals’ behalf.
• To have informed consent or refusal or expression of choice in regard to service delivery, release of information, composition of the service delivery team.
• To have investigation and resolution of alleged infringement of rights and that the agency will maintain confidentiality.
• To have the rights and responsibilities of citizenship.
• To be afforded all other applicable legal and constitutional rights.
ABOUT ICM

ICM, through case management services, assists families and individuals with developmental disabilities to:

- **Identify** resources and access services. **Advocate** for appropriate services, civil rights and **assist** families to solve problems.

- **Coordinate** with local, state, federal services and generic services. Develop and assure implementation of case plans and to **monitor** and **evaluate** those cases.

- Ensure that individuals receive services that support **dignity and respect**, include community presence, enhance competency through functional and meaningful activities and promote community inclusion.

- Assure that all individuals will have **opportunities** and information to create informed choices and **encourage** best practices within each service selected.

ICM, through direct service provision, assists families and individuals with developmental disabilities to:

- **Create** service packages that meet individual needs, with **ownership** being in the hands of the customer.

- **Support** the active participation in local communities of individuals with disabilities as full citizens and good neighbors.

- **Monitor** services to assure that customers receive the best **quality** services possible.

- **Provide** services in typical living, work and recreational environments, based upon the preferences of the customer.

- **Create** high quality **positive** programming that focus' on the development of practical life skills.

- **Involve** individuals and their families in the design, monitoring and operation of services.
Support Services

ICM’s expertise and specialty is providing services under the ACS Waiver (Alternative Community Service) test new or existing ways to deliver and pay for health care services in Medicaid. Waiver services include mesh to be effective. Over the years, there have been incentives for us to expand into other areas, but we deliver higher quality results to our clients and their families.

*Our services include:*

**Care Coordination**

To enable persons to receive services/support that are planned, coordinated, efficient and effective.

**Community Integration**

**DDTCS/Therapeutic Recreation**

**Supported Employment**

- Enable persons to obtain and retain competitive employment
- Succeed in an integrated setting
- Ongoing support to maintain competitive employment

**Respite**

- Short term care service
Support Services

- Relief for non paid care giver

Self-Directed Support

Supported Living

Specialized Medical Supplies

Medical items not provided through the State Medicaid Program- either prescription or over the counter

Adaptive Equipment

To enable individuals to increase, maintain or improve their functional capacity to perform daily life tasks of adapted equipment

Environmental Modifications

Adaptations to the individual's place of residence (structure) that are necessary to ensure the health, well the individual to function with greater independence

Personal Care

Personal care services are nonmedical services provided to assist with activities of daily living, such as t management, and meal preparation.

Consultation

ICM, Inc. is a nonprofit agency located in Little Rock, Arkansas, which provides support services to indivi 1525 Merrill Drive | Little Rock AR. 72211 | Telephone: 501-228-0063 | Fax: 501-228-001

Privacy Policy

Powered by Web-JIVE, Website designed by Creative Instinct

http://icm-inc.org/support-services.html 10/26/2015
INDEPENDENT CASE MANAGEMENT, INC.

ABOUT OUR COMPANY - ICM was founded in 1988.

Mission Statement

ICM's mission is to provide excellent, individualized services and supports to individuals and their families across Arkansas.

Vision

ICM's vision is to provide the support necessary so that individuals remain in their community of choice, to experience and promote interactions with those around them, and to provide the opportunities for an enhanced quality of life.

Grievance Procedure

Any individual has the right to express dissatisfaction with Independent Case Management, Inc. If any party, parent or guardian, disagrees with any decision; procedure or policy they have the right to file a grievance using the following steps:

1. The individual, parent, guardian should express their desire to file a grievance to the case manager, within 10 days of the issue arising.

2. The case manager will assist the individual, parent, guardian in completing a statement discussing their concerns and will notify the Executive Director or designee within 5 days.

3. The Executive Director or Designee will respond to information submitted by the individual, parent, guardian, within 10 working days.

4. The individual, parent, guardian, will indicate acceptance or rejection of the decision of the Executive Director within 10 working days. Should they seek to appeal; the individual, parent, guardian will indicate their desire to appeal to the ICM Board.

5. The ICM Board will consider the matter within 14 days of notification of appeal and will render a decision to the appealing party. The appealing party will indicate acceptance or rejection of the decision of the Board.

6. Individuals wishing to take further action may seek private legal counsel and pursue judicial relief.

Individuals who receive the support of ICM have the right to request a change in staff or deny further services from ICM at any time without future penalty by ICM. All decisions, ICM or
INDEPENDENT CASE MANAGEMENT, INC.

individual, parent, guardian, must be rendered in writing. It should be noted that ICM does not discriminate in personnel based upon gender, race, health conditions, sexual preference, creed, age, disability, marital status or national origin.

ICM Board Members

Independent Case Management, Inc., a private non-profit organization, maintains a Board as required by DDS Licensure Standards. Information for the ICM Board can be forwarded to the ICM address (please mark envelope ICM Board). Mail marked ICM Board will be given to Board Members at the next regularly scheduled Board meeting.

Board members include: Joe Bryan, Andy Carpenter, and Cindy Alberding.

List of Funding Sources

Independent Case Management, Inc. receives funding from Department of Human Services the Division of Medical Services.

Service Policy

ICM serves individuals regardless of gender, race, health conditions, sexual preference, creed, age, disability, marital status or national origin.

Each individual served by ICM will have the protection of confidentially and information regarding the above will not be shared with any party if that information is specific to an individual, Information may be shared as aggregate data only.

ICM maintains full compliance with the provisions of the Americans with Disabilities Act that Prohibits discrimination based upon disability or health conditions.

In addition to the rights mentioned above, ICM also believes all individuals have the following rights:

- To be free from physical or psychological abuse or neglect, retaliation, humiliation and from financial exploitation.
- To have control over their own financial resources.
- To receive, purchase, have and use personal property.
- To actively and meaningfully make decisions affecting one's own life.
- To access information pertinent to the individual, in sufficient time to facilitate decision making.
- To have privacy.
To be able to associate and communicate publicly or privately with any person or group of the individual’s choice.
- To practice the religion of choice.
- To seek external advocacy services from any organization or person of their choosing at any time or for any purpose.
- To be free from the inappropriate use of physical or chemical restraint, medication, or physician’s order or as a substitute for treatment.
- To be treated with dignity and respect.
- To receive due process.
- To offer input into all services/support.
- To have access to their own records including information on how funding is accessed and utilized and what services were billed for on the individuals’ behalf.
- To have informed consent or refusal or expression of choice in regard to service delivery, release of information, concurrent services and composition of the service delivery team.
- To have investigation and resolution of alleged infringement of rights and that the agency will maintain documentation of such investigations.
- To have the rights and responsibilities of citizenship.
- To be afforded all other applicable legal and constitutional rights.

Individual/Parent/Guardian, Behavior Programming

ICM strives to maintain the following rights regarding behavior programming for all customers:

- All appropriate lesser restrictive alternatives will be attempted.
- Positive behavior programming, environmental modifications, reasonable accommodations and effective services will be attempted. Approaches will be specified in the individual’s plan of care and/or individual program support plan.
- Consent, from the individual or guardian if applicable, will be obtained after a review of the benefits, interventions and/or medications. Individuals, regardless of level of care will have positive behavioral supports based upon their needs. Consultation with behavioral experts will be encouraged.
- All regulations from funding sources regarding behavioral programming will be considered minimum requirements.
- Medications will be given as prescribed and in accordance with the medication management plan. Medication restriction must be a last resort and prescribed by a primary care physician or psychiatrist.
- The programming plan will be developed and implemented by an ICM QMRP. An outside consultation can be requested with waiver funding. The data collected should be reviewed at each quarterly meeting, or more frequently as needed.
  - At a minimum, data should indicate the frequency and severity of an occurrence
INDEPENDENT CASE MANAGEMENT, INC.

- The data should demonstrate the effectiveness and any side effects or unintended consequences of the program.
- A review of medications, including any recommendations for modification.
- A review of the psychiatrist’s input regarding medications.

Consumer Directed Care Act of 2005
(Prepared by the Arkansas Waiver Association, www.arkansaswaiver.com)

For many years, families and providers have struggled with the limitations placed by Arkansas statutes regarding the care that can be provided by an individual who is not licensed. Community supports in such areas as administering medication, tube feeding, etc., have been prohibited by state law and rules until now. This has changed. In 2005, a group worked on, and the legislature passed, “The Consumer Directed Care Act.” An advisory group, with representation of families and providers worked with the State Board of Nursing to develop the needed definitions and policy to implement these sweeping changes.

The advisory group made recommendations, which have now been ratified by the State Board and reviewed by the legislature. This has created greater flexibility in providing community care. Please note that the Act does not require a provider or their employees to perform any specific tasks, nor does it require a nurse to “delegate” tasks. As always, providers may, at their discretion, elect not to allow staff to perform any health maintenance activity. What the ACT, paid staff can do the same things the next-door neighbors, parents or spouse has always been able to do without violating the Nurse Practice Act.

All the health maintenance activities (except injections and IVs) that used to require a nurse or nurse delegation can now be done in the home by a designated care aide (such as a waiver worker under the following conditions:

1. A competent adult, or caretaker of a child or incompetent adult, has authorized the aide to perform the task

2. The aide has adequately demonstrated to the competent adult or caretaker that he or she can safely perform the task

3. The attending physician, advanced practice nurse or registered nurse has determined a designated care aide under the direction of a competent adult or caretaker can safely perform the activity in the child’s or adult’s home.

The above is the only criterion in the legislation that must be met and documentation is not specified. The language in the Act is designed to accommodate those participating in self-
INDEPENDENT CASE MANAGEMENT, INC.

directed programs in the home, such as Independent Choices where there is no provider involved, as well as those participating in the traditional programs in the home. (See the Nurse Practice Act rules/regulations, chapter 5, pages 5-4 and 5-5 for definitions of caretaker, health maintenance activity, and other terms, copy attached.)

Caretakers may be paid or non-paid as long as they otherwise meet the requirements to be a caretaker, as clarified by the Nursing Board.

There is no longer a list of items that can or cannot be delegated. With the exception of injectable medication administration, tasks that clients would otherwise do for themselves, or have a family member do for them, can now be performed by a paid designated care aide at their direction as long as the criteria above has been met.

ASBN Rules & Regulations Chapter 5

G. EXCLUSIONS

These sections shall not be construed to apply to:
1. The gratuitous nursing care of the sick by family or friends;
2. The furnishing of nursing care where treatment is by prayer or spiritual means alone;
3. Acts done by persons licensed by any board or agency of the State of Arkansas if such acts are authorized by such licensing statutes;
4. Nursing tasks performed by nursing students enrolled in Board approved nursing programs while practicing under the direct supervision of qualified faculty or preceptors;
5. The instruction and/or supervision of licensed nurses by registered professional nurses in the proper performance of tasks as a part of a state approved training/education course designed to prepare persons to obtain certification;
6. Nursing tasks performed by paramedic/emergency medical technician students enrolled in State approved programs while practicing under the direct supervision of qualified faculty or preceptors;
7. The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student’s family in the home setting.
8. The acts of unlicensed persons responding to an emergency. This exclusion shall not be construed as permitting licensed nurses to delegate routinely to unlicensed persons.
9. Health maintenance activities performed by a designated care aide in the home as defined in the Consumer Directed Care Act of 2005, ACA §17-87-103 (11).

H. CONSUMER DIRECTED CARE

1. Health maintenance activities may be provided by a designated care aide for a competent adult at the direction of the adult or for a minor child or incompetent adult at the direction of a caretaker.
2. Caretaker means a person who is directly and personally involved in providing care for a minor child or incompetent adult, and the parent, foster parent, family member, friend, or legal guardian of the minor child or incompetent adult receiving care.

3. Designated care aide means the person hired by the competent adult or caretaker to provide care for the competent adult, minor child, or incompetent adult.

4. Health maintenance activities mean activities that the minor child or adult is unable to perform for himself or herself.

5. The attending physician, advanced practice nurse, or registered nurse must determine a designated care aide under the direction of a competent adult or caretaker can safely perform the activity in the minor child’s or adult’s home.

6. Home shall not include nursing home, assisted living facility, residential care facility, intermediate care facility, or hospice care facility.

7. Health maintenance activities that are not exempted by the Consumer Directed Care Act of 2005 include:
   a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
   b. Formulation of the plan of nursing care and evaluation of the client’s response to the care rendered;
   c. Tasks that require nursing judgment or intervention;
   d. Teaching and health counseling;
   e. Administration of any injectable medications (intradermal, subcutaneous, intramuscular, intravenous, interosseous, or any other form of injection) or intravenous therapy.
   f. Receiving or transmitting verbal or telephone orders.

8. The designated care aide must demonstrate the ability to safely perform the health maintenance activity.

Solicitation

The waiver is a wonderfully flexible system that can be tailored to meet individual needs. This makes it one of the most popular programs for people with disabilities in the state. It creates a situation where, with the help of good staff, an individual can maintain his or her community and family life enhance their participation in their community, create their support plan based upon their individual needs and preferences. This also requires the individuals who work in waiver, while not under direct supervision, to exercise independent judgments on a daily basis, that have an impact on the individual and family’s self-direction, and empowerment.

To this end, it is important to recognize that while most employees perform these duties with great ethical practice and standards, there are occasionally situations where the conduct is less than stellar. Recently, there have been problems with solicitation, and DDS, our funding source, has issued a policy on this matter. Solicitation is when someone uses “undue” or improper influences to get someone to change providers. This influence can be by making threats or promises, offering things that are not included; or other things that might convince a person to change providers.

As importantly, solicitation does not respect individuals’ or families’ competency to make their own decisions, nor is it ethical professional conduct for staff and could occur from any employee.
INDEPENDENT CASE MANAGEMENT, INC.

of a provider agency. Solicitation is a form of exploitation and should not be tolerated in any form.

Some examples of prohibited conduct would be:

- Contacting individuals and telling them you are going to work somewhere else.
- Telling families you are no longer going to work for an agency with the intent that they change to another provider.
- Negotiating pay with another provider with the intent of convincing the customer to change.
- Negotiating pay with another provider's employee, with the intent of their convincing the customer to change.
- Offering incentives to get an individual to change, including cash, gifts, or services.
- Threatening families with withholding of goods or services if provider changes do not occur.
- Offering extended or free goods or services not available to everyone else.
- Refusing to serve someone in another service unless they change to you as a provider.
- Making negative or derogatory comments about another provider.
- Giving the customer the impression that a new agency is the only one that can provide the services desired.

Note that only an authorized person from DDS can offer choice to an individual or their family. DDS will investigate claims of solicitation and impose enforcement remedies if substantiated. While general advertising and marketing are not considered solicitation, actions designed to convince an individual to change providers will be treated with great seriousness.
Advocate Services
External Advocacy Services

Arkansas Governor's Council- 5800 West 10th Street, Little Rock 72204. Phone (501) 661-2589
Website www.ddcouncil.org

Disability Rights Center of Arkansas- 1100 North University Ave Suite Suite 201, Little Rock, Ar. 72207. Phone (501) 296-1775. Website www.arkansasdisabilityrights.org

Arkansas Disability Coalition- 1123 University, Suite 225, Little Rock, Ar. 72204. Phone (501) 614-7020. Website adcinfo@adcpti.org

Arkansas people First- 6836 Isaac’s Orchard Road, Springdale, Ar. 72762. Phone (888) 488-6040. Website www.arkansaspeoplefirst.org
PROMOTING SELF DETERMINATION FOR ADULTS - WHERE TO BEGIN?

You Are Not Alone.

Although you may feel isolated and overwhelmed by the challenges associated with your disability, many services and supports are available to assist you. Much of the information that you need is "in the hands, heads, and hearts of other adults like yourself."

Seek out others who have "been there" and "done that."

Arkansas has a number of non-profit cross-disability organizations whose members are adults with disabilities and parents of persons with disabilities. Two of these are Advocates Needed Today, Inc. and Arkansas People First. They can provide emotional support and a wealth of information on how to get the services you need. They conduct training sessions for persons across the State and provide one on one personal assistance.

AND

ARKANSAS
PEOPLE
FIRST

Self-Advocacy · Empowered · Embraced

2592 North Gregg Ave. Ste 1
Fayetteville, AR 72703
Toll free: 1-888-488-6040

"Working together for our rights as PEOPLE FIRST, speaking for ourselves as members of the community."
Other organizations provide support and information about specific conditions – like cerebral palsy, autism, or spinal cord injury or service programs.

For a complete list of organizations and access to a library of educational materials on disabilities and disability services, contact:

The Arkansas Independent Living Council (AILC)
8500 West Markham, Ste 215
Little Rock, AR 72205
501-372-0607
Toll free: 1-800-772-0607

OR

The Governor's Developmental Disabilities Council
Freeway Medical Tower, 5800 West 10th Street
Little Rock, AR 72204
(501) 661-2589
Toll-free: 1-800-462-0599, Extension 2589

Be sure to request a “Vital Records Guide” from the DD Council to keep track of important medical and personal care information.
and

Information about the Alternative Community Services Home and Community Based Waiver that serves both adults and children, and other resources, can be obtained from the

Arkansas Waiver Association
http://www.arkansaswaiver.com/

or

AR-AWA-subscribe@yahoogroups.com
ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type  Subject of Policy  Policy No.
行政  上诉  1076

1. Purpose. This policy is provided to allow for appealing decisions made by Developmental Disabilities Services (DDS) regarding the following programs:

A. Human Development Centers (HDCs)
B. Community Programs and Services
C. Medicaid Home and Community Based Waiver Services
D. Licensure of Community Programs/Services and Certification of Providers of Waiver Services, Providers of Early Intervention Voucher Services and Independent (Self-Employed) Certified Case Managers (CCMs)
E. Nursing Facility, PASSAR determinations. These determinations are made, as required, by the 1987 Omnibus Budget Reconciliation Act (OBRA) for persons with a MR/DD diagnosis who seek admission or for whose admission is sought to a Nursing Facility. It includes annual reviews for continued stay.

2. Scope. This policy applies to recipients of services, their parents/guardians, Community Programs, Service Providers, and Certified Case Managers, other interested parties and all DDS employees.

3. General Provisions:

A. Who May File An Appeal. Only persons identified in Section 2. Scope may file an appeal relative to decisions made.

An appeal filed by anyone other than those listed in Section 2. Scope above is not a valid appeal and will be rejected and denied by DDS.

B. Conditions for Appeal – Each person who may file an appeal has specific conditions which must be addressed for an appeal to be considered.

References: DDS Board Policy #1003


Effective Date: July 1, 1996
All decisions listed will be made in writing and provided to the appropriate persons by certified mail with signed return receipt kept on file.

Any appeal of a decision that is determined as not made by or under the control of DDS will be acknowledged with an explanation and referral to the appropriate agency to which the appeal should be presented.

C. Time Frames. Time frames are established to resolve issues in an orderly and timely manner. Failure to meet the established time frames will result in the appeal being rejected and denied.

D. Contents of the Appeal. All appeals filed must be in writing and contain, at a minimum:

1) The name, address and telephone number of the person filing the appeal.

2) The relationship of the person who is filing the appeal to the individual requesting or receiving services or the relationship to the program that is affected.

3) The decision that is being appealed.

4) The reason(s) the decision is being appealed.

5) The desired outcome of the appeal; what the person is seeking through the appeals process.

6) The law and/or facts that are being relied upon in the filing of the appeal.

7) The person who will present the appeal.

8) Whether the person will be represented and if so, the name, address and telephone number of the representative. This is not limited to legal representation.

NOTE: Appeals that do not contain this information will be rejected and denied.
E. **Appropriate Person with Whom to File an Appeal.** Appeals must be filed with the specific person identified in the following procedures. Failure to do so can result in the rejection/denial of the appeal.

F. **Review Process.** The review process is outlined for each party who may file an appeal.

G. **Final Agency Action.** The final agency decision is outlined for the program/providers identified.

4. **Procedures:**

A. **Human Development Centers (HDCs).**

1) The individual affected or the parent(s)/guardian(s) of the individual affected may file an appeal.

2) Appeals may be filed on decisions regarding an individual’s placement in, or transfer or discharge from, an HDC; as well as, decisions regarding an individual’s health, welfare and programmatic needs made with the participation of the individual, parent/guardian.

3) Appeals must be submitted within ten (10) working days of the receipt of notification of a decision.


5) Appeals must be filed with the HDC Superintendent.

6) Within ten (10) working days of the receipt of the appeal, the HDC Superintendent will schedule and conduct a meeting with all the parties. All parties shall be notified of the meeting date, time and location in writing and notice shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be made and submitted to all parties.
If the person who filed the appeal is still dissatisfied, the decision may be appealed. The Board of Developmental Disabilities Services, according to DDS Board Policy 1003, has delegated its authority to hear appeals to the DDS Director.

If a party disagrees with a decision, the decision may be appealed within (10) working days by filing an appeal with the DDS Director. Within fifteen (15) working days of receiving the appeal, the DDS Director shall schedule and conduct a meeting with all parties. All parties shall be notified of the meeting date, time and location in writing and notice shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

8) The decision of the DDS Director is the final agency action.

B. Community Programs and Services.

1) The individual applying for or receiving services or the parents, guardians or surrogate parents of the individual, and DDS Community Program Administrator or Board Chair may file an appeal.

2) Appeals may be filed on decisions regarding individual service eligibility, funding of services, program funding and service provision.

3) Appeals must be submitted within ten (10) working days of the receipt of notification of a decision.

4) Contents of an appeal is outlined in 3.D.

5) Appeals must be filed as follows:
   - Eligibility – Assistant Director, Client Services, DDS
   - Funding – Assistant Director, Program Management, DDS
   - Early Intervention – Office of Chief Counsel, Appeals and Hearings.
The appeal for a fair hearing shall be mailed to:

OCC – Office of Appeals and Hearings
Donaghey Plaza South
P.O. Box 1437 - Slot 1001
Little Rock, AR 72203-1437

Request for fair hearing shall include the information required in 3.D. above - Contents of Appeal. Persons appealing under fair hearings will receive a copy of the procedures to be following during the hearing.

6) Within ten (10) working days of the receipt of the appeal, (Except Early Intervention) the Assistant Director will schedule and conduct a meeting with all the parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

7) If the person who filed the appeal is still dissatisfied, the decision may be appealed.

If a party disagrees with a decision, the decision may be appealed within ten (10) working days by filing an appeal with the Director, DDS. Within fifteen (15) working days of receiving the appeal, the Director shall schedule and conduct a meeting with all parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

8) The decision of the Director is the final agency action except for decisions regarding Early Intervention.

9) Early Intervention Program. The decision of the Fair Hearing Officers is final agency action.
C. Medicaid Home and Community Based Waiver Services and or Nursing Facility Pre-admission and Annual Resident Review.

1) The individual applying for or receiving Waiver or Nursing Facility Services or the individual’s parent/guardian may file an appeal.

2) Appeals may be filed on decisions regarding the eligibility of or receipt of services under Waiver and Nursing Facility services.

3) Appeals of service denied must be in writing within thirty (30) days of date of the notice of service denied. Appeals of changes in services must be received within thirty (30) days of the effective date of change.


5) Appeal will be filed with the Assistant Director, Program Management, DDS.

6) Within ten (10) working days of receipt of an appeal the Assistant Director shall conduct an administrative review of the case file, the appeal filed and any additional information presented. Within five (5) working days of this review, a written decision shall be rendered and submitted to the parties.

7) If a party is not satisfied by the result of the administrative review, a fair hearing may be requested. Within (10) working days of receiving the results of the administrative review, an appeal may be filed with the Office of Chief Counsel, Appeals and Hearings. Request for fair hearings shall include the information required in 3.D. above - Contents of Appeal. The appeal shall be mail to:

   OCC – Office of Appeals and Hearings
   Donaghey Plaza South
   P.O. Box 1437
   Little Rock, AR 72203-1437

8) The conclusion of the fair hearing is the final agency action.
D. Licensure of Community Programs/Services, Certification of Providers of Waiver Services, Providers of Early Intervention Voucher Services, and Independent (Self-Employed) Certified Case Managers (CCMs).

1) The President or Chair of the Community Program Board or Director of licensed Community Program/Services and for Certified Providers, the person certified may file an appeal.

2) Appeals may be filed on decisions regarding the granting of a license/certification or the taking of adverse action against a license/certification. Decisions regarding investigations of services concerns/complaints.

3) Appeals must be submitted within ten (10) days of the receipt of notification of a decision.


5) The appeal must be filed with the Assistant Director, Administrative Services, DDS.

6) Within ten (10) working days of the receipt of the appeal, the Assistant Director will schedule and conduct a meeting with all the parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. An extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting shall be recorded. Only the issues relevant to the appeal shall be discussed and considered. Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

If a party disagrees with a decision, the decision may be appealed within (10) working days by filing an appeal with the DDS Director. Within fifteen (15) working days of receiving the appeal, the DDS Director shall schedule and conduct a meeting with all parties. All parties shall be notified of the meeting date, time and location in writing and shall be followed up by telephone. Extension of time frames may be allowed when either party has a valid reason for postponement and both parties agree to the delay. The meeting will be recorded. Only the issues contained in the appeal shall be discussed and considered.
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<tr>
<th>Policy Type</th>
<th>Subject of Policy</th>
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<tr>
<td>Administrative</td>
<td>Appeals</td>
<td>1076</td>
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7) Within five (5) working days of the meeting, a written decision shall be rendered and submitted to all parties.

8) The decision of the DDS Director is the final agency action.