

APPENDIX K



(Name)
(Address Line 1)
(Address Line 2)

ORC Decision letter date:

Date of Birth:

Dear _____:

The Department of Human Services (DHS) is required by regulation to assess if you meet the criteria for a review by the Office of Long-Term Living to determine if you need the level of services of a nursing facility, and if you need specialized services under the Other Related Condition (ORC) program.

You **have evidence** of an Other Related Condition.

Level of services of a nursing facility:

You have been determined eligible for the level of services provided by a nursing facility and the Department has determined that you may be admitted or continue to reside in a nursing facility enrolled in the Department's Medicaid (MA) Program. If you enter a nursing facility enrolled in the Medicaid Program, be sure to provide a copy of this letter to the nursing facility and keep a copy for your personal records. Please note, however, that *you are not required to be admitted to a nursing facility*.

Specialized treatment services:

The Office of Long-Term Living, Department of Human Services has reviewed your information about nursing facility placement and has determined that you are a person with an ORC. Additional ORC specialized services are available for individuals who reside in a nursing facility. These services may include training, service coordination/advocacy services, peer counseling/support groups, community integration activities, equipment/assessments, and transportation to help people function as independently as possible. Based on the review of your information, the Department's determination appears below:

You **need** specialized services at this time.

If you wish to appeal the decision, refer to the attached "RIGHT TO APPEAL AND FAIR HEARING" form.

Questions may be directed to Rachel Sink at (717) 783-7378 at the Office of Long-Term Living:
Forum Place, 6th Floor, 555 Walnut Street, Harrisburg, PA 17101

Sincerely,

(OLTL Staff Name)
(Title)
Office of Long-Term Living

Cc for Resident Review/PAS:

(Appropriate County AAA)
Executive Dir, (Appropriate CAO)
Pittsburgh Field Ops Office
(OBRA Program Coordinator)/DPW/OLTL

RIGHT TO APPEAL AND FAIR HEARING

Pursuant to 55 Pennsylvania Code, Chapter 275, you may appeal the DHS's decision that : (1) you are not eligible for nursing facility services and may not enter a nursing facility enrolled in the Department's Medical Assistance Program; or, (2) you are not eligible for specialized services at this time. If a denial determination has been made you may appeal the decision by completing and submitting the appeal form below postmarked or received within 30 calendar days from the date of decision letter date of this letter to the Office of Hearing and Appeals at the following address:

Office of Long-Term Living
Department of Human Services
PO Box 8025
Harrisburg, Pennsylvania 17105-8025

The Office of Hearing and Appeals will hold a hearing for you either over the telephone or face-to-face. You may choose which type of hearing you want by checking one of the below.

I want a telephone hearing.

I want a face-to-face hearing.

If you speak a language other than English, and need an interpreter, please check the box below.

I need an interpreter. What language? _____

I WANT A HEARING BECAUSE:

DATE

APPLICANT'S SIGNATURE

TELEPHONE NUMBER

DATE

APPLICANT'S REPRESENTATIVE

TELEPHONE NUMBER

REPRESENTATIVE'S ADDRESS

APPLICANT'S ADDRESS

Additional information concerning the filing of appeals can be obtained by calling the Office of Hearing and Appeals at any of the following telephone numbers:

Erie (814) 871-4433
Reading (610) 378-4081
Pittsburgh (412) 565-5213

Harrisburg (717) 783-3950
Philadelphia (215) 560-2385
Northeast (570) 779-5122