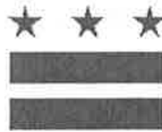
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES



What to Do if You Have Questions, Need Help or Want to File A Complaint About Supports From The Developmental Disabilities Administration (DDA)

There are several ways to get help if you have questions or complaints about the supports you, a family member, or someone else is receiving from DDA. You can always start by calling your service coordinator or his or her supervisor. But, there are also a number of other options.

You can use one or all of these options to get the responses you need. Please keep in mind that these are not required steps you can pick and choose the ways you want to get help.

You may also be able to get free advocacy or legal help through Disability Rights DC, also called, University Legal Services by calling (202) 547-0198, or by calling the Quality Trust for Individuals with Disabilities at (202) 448-1450. You can find out about other legal services at www.lawhelp.org/DC.

DDS Customer Service Hotline

DDS operates a customer service hotline during business hours where people can call, send an email, or submit a question on line through the DDS website for a response to a wide range of questions and problems including, but not limited to, any service delivery issues, unresponsiveness of a DDS staff member or service provider, scheduling, planned or status of actions,, etc. A person may also leave a message after hours and on-weekends and the call will be returned within 24 hours or the next business day.

A person can reach a Customer Service Specialist by calling (202) 442 - 8686. The Customer Service Specialist creates a record of the person's complaint or service needs, including the person's phone number. The Customer Service Specialist works within DDS with the various staff members, supervisors and managers to research and resolve the complaint. A response is expedited (usually within one business day) and provided by telephone. The Customer Service Specialist must verify that the person is satisfied with the resolution before closing the case.

If the originator of the complaint is not satisfied, the Customer Service Specialist continues to seek resolution and if necessary escalates the complaint to higher levels in the agency. If all levels of resolution have been exhausted and the individual is still not satisfied, the case is closed only after review by the DDS Deputy Director of Administration to verify that all viable options have been considered and that the inability to satisfy the individual is outside of the bounds of the services the agency can provide or the actions the agency can take. In this case all efforts are made to help the individual understand the limits of the agency in meeting their request and if appropriate any referrals to other sources of assistance are provided.

Filing a Complaint with a DDS Rights and Advocacy Specialist

People who receive supports from DDA (or their representatives) may contact the DDS Office and Rights and Advocacy at (202) 442-8686 to get help with a complaint through an informal problem resolution system. This process is governed by the *Internal Problem Resolution Policy and Procedure*. The DDS Rights and Advocacy Specialists will help a person file a complaint and will keep all complaints confidential, except as needed to help resolve the problem.

When the Rights and Advocacy Specialist receives a complaint, first she will attempt to resolve it through informal methods like reviewing records and holding meetings with the person and his or her provider, service coordinator, and any other relevant person to attempt to resolve the matter within 5 business days.

If the person is not satisfied with the results, the Rights and Advocacy Specialist will use alternative dispute resolution techniques to attempt to resolve the matter. This includes holding a meeting with all involved parties within 15 business days and completing the process within 30 days of the filing of the complaint.

If the person is still not satisfied, he or she may request a review of the decision by the DDS Deputy Director for DDA. That review will be completed within 30 days of the request.

Requesting DDS Review and Reconsideration of Eligibility (Intake) for DDA Services

DDS offers an informal process by which a person and their representative may seek reconsideration of a DDA decision regarding eligibility for services. This process is governed by the *Intake Policy and Procedure*, and is in addition to a person's right to request appeal of Medicaid benefits by a fair hearing.

A person has 30 business days to submit an appeal of DDA's determination that he or she is not eligible for services. Within five business days of receiving the appeal, the Manager of the Intake & Eligibility Determination Unit will contact the person and schedule a Level I review meeting to explain its process and how the determination was made. The person can ask questions and provide additional information. Within five business days (or ten, if the person provides new information about eligibility), the Intake & Eligibility Determination Unit shall notify the person in writing and with one telephone call of the determination decision.

The person may appeal this decision by filing an appeal within twenty business days. This results in a Level II review by the DDS Deputy Director for DDA. The Deputy Director shall review the person's file and may opt to convene a Level II review meeting for a re-evaluation of eligibility or to provide a written statement of final determination. Any Level II review meeting will be convened within ten business days of the notice to the Deputy Director. Within five business days of the Level II review meeting, or within ten business days of receipt of the request for a Level II review (if there is no Level II meeting), the Deputy Director will provide a final written decision to all parties.

If the written decision deems the applicant ineligible for DDA services, it shall outline additional steps that could be taken to seek redress. In addition, the Deputy Director will notify the person of the right to appeal final DDA eligibility determination to the D.C. Superior Court and notify the person of any Medicaid appeal rights.

Requesting DDS Review and Reconsideration of a Person's Individual Support Plan (ISP)

DDS offers an informal process for a person to request DDA reconsideration of the following aspects of his or her ISP, in accordance with the *Individualized Support Plan Policy* and *ISP Appeals Procedure:*

- Any denial, termination, reduction, or suspension of services;
- Whether the assessments performed or arranged by DDS or the provider for the development and review of a person's ISP were sufficient for that purpose;
- Whether the goals identified in the ISP are consistent with and promote the outcomes identified by the ISP team;
- Whether the types of supports identified by the person or their ISP team afford the most integrated community setting and are appropriate and available to meet the goals stated in the ISP;
- Whether the team's assessment of the person's ability to make health, financial and other personal decisions is consistent with the available evidence; and
- Whether the ISP is being implemented as approved.

Upon completion of the person's initial or annual ISP, and upon each ISP amendment, the DDS Service Planning and Coordination Division (SPCD) shall provide timely and adequate notice to a person of his or her right to request reconsideration and/ or file for a Medicaid fair hearing if he or she is not satisfied with the ISP. If a person selects to request reconsideration of his or her ISP, he or she must inform his or her service coordinator of the request within thirty calendar days.

Within five business days of the notification of the intent to appeal the determination decision, the Program Manager of Service Planning and Coordination Division (SPCD), or his or her designee, shall contact the person and, where applicable, his or her representative and/ or substitute decision-maker, to schedule a Level I review meeting. The person can ask questions and provide additional information. Within five business days (or ten, if the person provides new information), the Service Planning and Coordination Division shall notify the person in writing and with one telephone call of the decision.

The person may appeal this decision by filing an appeal within twenty business days. This results in a Level II review by the DDS Deputy Director for DDA. The Deputy Director shall review the person's file and may opt to convene a Level II review meeting for a re-evaluation of eligibility or to provide a written statement of final determination. Any Level II review meeting will be convened within ten business days of the appeal. Within five business days of the Level II review meeting, or within ten business days of receipt of the request for a Level II review (if there is no Level II meeting), the Deputy Director will provide a final written decision to all parties.

Medicaid Notice and Right to Appeal

A person has the right to file a request for a Medicaid fair hearing if he or she is receiving services through the Home and Community-Based Services (HCBS) Waiver Program or living in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) and the person has a complaint regarding a delay, denial, reduction or termination of services.

DDS shall provide timely and adequate written notice of a person's right to make a Medicaid appeal in a timely and adequate fashion whenever there is a denial of eligibility; or when services are delayed, denied, reduced or terminated. Timely means that the written notice is sent by first-class U.S. Mail, postage prepaid, within five (5) business days of the decision to the last known address for the person and their legal representative as included in the completed application or entered in the DDA database for the person. Adequate means that the written notice includes:

- A statement of the action taken by DDA;
- The reason for the action and, if the action is ineligibility for DDA services, notice of ineligibility along with reasons for the ineligibility determination;
- That the person can contact his or her service coordinator at any time to request an internal review or for assistance with requesting a Medicaid fair hearing;
- An explanation of the person's right to an informal agency review and/ or a Medicaid fair hearing at the Office of Administrative Hearings (OAH);
- The method by which the person may request an informal agency review or demand a Medicaid fair hearing;
- That the informal agency review is not required and does not toll the time that a person has to file with OAH; and that the person may immediately file a Medicaid fair hearing request with OAH;
- That a person filing a Medicaid fair hearing request may request to continue to receive a Medicaid services that was proposed to be reduced, terminated, or suspended, while the appeal is pending;
- The person may represent himself or herself, or use legal counsel, a relative, a friend or other person for assistance; and
- Referral information for area legal services organizations.

You can learn more about the fair hearing process, including how to get free help, at http://oah.dc.gov/.