DAUPHIN COUNTY MH/ID PROGRAM
POLICY AND PROCEDURE

Department __ MH __ ID __ Admin __ Crisis Policy No. __12-02__ Effective Date __1-24-12__ Revision Date __Approved__

Title: Request for a County Conference (Waiver Services)

Policy:
The Dauphin County MH/ID Program assures that individuals with intellectual disabilities and their families will have a means for resolving disputes and disagreements at the local county level. The Dauphin County ID Program promotes efforts to resolve issues less formally; however, a County Conference can be requested at any time.

Implementation of a County Conference process is consistent with the values of Everyday Lives, the principles of Self-Determination and the Due Process and Fair Hearing Procedures for Individuals with Mental Retardation Bulletin (#00-08-05).

Dauphin County’s Intellectual Disabilities Program staff will participate in County Conferences that are requested by individuals/families. This Policy and Procedure outlines the steps to be taken to facilitate the County Conference request.

Definitions:

Appeal of Waiver-Funded Services: Services funded through the Person Family Directed Supports or the Consolidated Waiver. An appeal of a decision for waiver services can occur through either the County Conference or a Fair Hearing request. See the appropriate policy for requesting a fair hearing through the Bureau of Hearings and Appeals (Developmental Programs, 00-08-05).

CMU: Dauphin County’s Supports Coordination Organization.

Impartial Reviewer: An administrative staff member of the Dauphin County MH/ID Program’s Intellectual Disabilities Department not involved in the decision making process of the issue in question.
**Procedure:**

1. Individuals, families, guardians and legal representatives may request an appeal of a decision made by the county program to deny, reduce or terminate waiver-funded services.

2. If the request for a County Conference or a Fair Hearing is made within **10 calendar days** of the written decision, the waiver-funded service will remain in place until a decision is made. If the **10-day** window is missed, the change in service will take effect, but any decision can be appealed within **30 calendar days** of a written decision.

3. Individuals, families, guardians and legal representatives may request a County Conference through the assistance of their Supports Coordinator from the Dauphin County Supports Coordination Unit (CMU) or by submitting the Request for a County Conference form directly to the Dauphin County MH/ID Program, 100 Chestnut Street, Harrisburg, PA. 17101, Attention: Deputy ID Administrator.

4. Requests for a County Conference should be made when a decision to deny, reduce or terminate waiver-funded services has been made. A decision to deny, reduce or terminate services must be submitted in writing to the individual and legal representative. If the individual or their representative is told over the phone about a decision, a written copy of the decision should be forwarded to the individual and/or their representative. A written copy of the decision will be mailed by the CMU, on behalf of the County ID Program.

5. Requests for a County Conference to resolve issues other than a service denial, reduction or termination, should be made after the grievance and appeals processes of either the CMU and/or Service Provider have been exhausted; if appropriate.

6. The **County Conference Request** form should be completed and submitted to the attention of the Deputy ID Administrator at Dauphin County MH/ID Program, 100 Chestnut Street, First Floor, Harrisburg, PA 17101-2158 by mail or via fax at (717) 780-7061. A copy of the written decision to deny, reduce or terminate services should be attached.

7. When the **County Conference Request** form is received at the MH/ID office, staff in the Deputy ID Administrator/delegate, will notify the CMU and the Service Providers (if applicable) of the request within **five (5) calendar days**. The ID Program will send the CMU and the relevant Service Providers the **Notice to Service Provider of Request for County Conference** form along with a copy of the **County Conference Request** form.

8. The CMU and the relevant Service Providers must complete the **County Conference Summary of Events** form and return it to the Quality Management Coordinator within **five (5) calendar days** of receipt of the information.

9. Upon receipt of the **County Conference Summary of Events** form, the Deputy ID Administrator will assign an impartial reviewer to hear the issues and arguments. The **Notice of a County Conference** form will be mailed to all appropriate parties within **ten**
(10) calendar days and will include the date, time and location of the County Conference.

10. The impartial reviewer(s) provides an impartial hearing of the situation and related facts. During the County Conference, all parties will be provided the opportunity to discuss and attempt to resolve the matter. The County Conference does not replace or delay the fair hearing process for a waiver related service decision. The date of the conference and notes of the discussion should be entered in a service note or the appropriate eligibility screen in HCSIS. The County Conference will be audio taped.

11. A written decision of the conference decision will be provided to the individual and/or their representative within 30 calendar days of the conference date. The results of the County Conference will be documented on the Results of the County Conference form and distributed to the requestor of the County Conference, the Deputy Intellectual Disabilities Administrator, ID Director at CMU and other appropriate and interested parties. Instructions and request forms for Mediation and Fair Hearing and Appeals to Commonwealth Court will be sent to the individual, family and/or legal representative along with the Results of the County Conference form, as appropriate.

12. All copies of the forms related to requesting a County Conference, including the Results of the County Conference form, will be maintained at the Dauphin County MH/ID Office and in the individual’s record at the CMU.

13. For decisions based on waiver-funded services, if the individual and/or their representative are not satisfied with the results, an appeal can be made to the Bureau of Hearings and Appeals.

14. The following forms have been developed and are to be used as appropriate when a County Conference is requested.

1. County Conference Request form – Waiver Services (attachment #1)
2. Notice to Service Provider of Request for County Conference form (attachment #2)
3. Notice of County Conference form – Waiver Services (attachment #3)
4. County Conference Summary of Events form – Waiver Services (attachment #4)
5. Results of the County Conference form – Waiver Services (attachment #5)

Please refer to attachments 1, 2, 3, 4 and 5 which correspond to each form listed above.

15. This policy and policy #12-01 replaces policy #03-07

NOTE: If an individual or a family member chooses to have a County Conference with the County MH/ID Program, they may do so without forfeiting their appeal rights if they contact the MH/ID Program within 10 calendar days of the mailing date of the notification of a decision or action that is to be taken that you want to appeal. A county conference is optional if the issue can be appealed through a Fair Hearing Request.
COUNTY CONFERENCE REQUEST FORM (Waiver Services)
HOME AND/OR COMMUNITY SERVICES FOR INDIVIDUALS WITH
MENTAL RETARDATION

Dauphin County Mental Health and Intellectual Disabilities Program
100 Chestnut Street, First Floor
Harrisburg, PA 17101-2158

Individuals, families and legal representatives may request a County Conference by completing and mailing this form to the address above or by faxing this form to (717) 780-7061.

Name of Individual receiving services

Mailing address

Daytime phone number

I hereby request a County conference. I am requesting this conference on behalf of the above named individual receiving home and community-based services for individuals with intellectual disabilities.

I hereby request this conference based on the following action(s):

__________________________

(attach additional information to this form, if needed)

Please check one of the boxes below to indicate which type of conference you want:

☐ I want a telephone conference
☐ I want a face to face conference

Signature of person requesting conference

Relationship to individual receiving services

Date of request

Please indicate what type of interpreter, communications assistance or accommodations you need, if any, at the conference:

__________________________

You or Your legal representative, have the right to an independent mediation, and/or a fair hearing and appeal before the Department of Public Welfare. An opportunity for an independent mediation is available to you, regardless of your decision to request a department fair hearing. You can request an independent mediation with the Office for Dispute Resolution by calling (800) 222-3353. To request a copy of fair hearing and appeal instructions and a request form, contact the Initiative Coordinator at (717) 232-8761 or call the Bureau of Hearings and Appeals at (717) 783-3950.

Cc: Dauphin County Case Management Unit
Consumer file
NOTICE TO SERVICE PROVIDER OF REQUEST FOR COUNTY CONFERENCE
HOME AND/OR COMMUNITY SERVICES FOR INDIVIDUALS
WITH Intellectual Disabilities

FROM: Dauphin County MH/ID Program
100 Chestnut St., 1st Floor
Harrisburg, PA 17101-2518

TO: __________________________
______________________________
______________________________

A request for a County Conference was received by this office on ________________. The request was made on behalf of ___________________________ by ___________________________.
(Name of Individual receiving services) (Name of person requesting conference)

(Relationship to person receiving services:
i.e. mother, sister, guardian, friend, etc.)

A copy of the request for County Conference Form has been attached for your review. Please complete and return the County Conference Summary of Events Form within five (5) working days of the receipt of this notice via facsimile 717-780-7061.

After receipt and review of the County Conference Summary of Events Form, a notice of the conference date, time and location will be sent to you.

cc. Dauphin County Case Management Unit
Consumer file
NOTICE OF COUNTY CONFERENCE (Waiver Services)

Dauphin County Mental Health and Intellectual Disabilities Program
100 Chestnut Street, First Floor
Harrisburg, PA 17101-2518

TO: ____________________________________________

__________________________________________

__________________________________________

Your presence is requested at a County Conference for ____________________________.
(Name of individual receiving service)

Date of Conference: ____________________________
(Include day and date)

Time of Conference: ____________________________

Location of Conference: ____________________________

If you have questions regarding this Conference, please call ____________________________
(County representative)
at ____________________________
(phone number)

You or your legal representative have the right to an independent mediation, and/or a fair hearing and appeal before the Department of Public Welfare. An opportunity for independent mediation is available to you, regardless of your decision to request a Department Fair Hearing. To request a copy of Fair Hearing and Appeal Instructions and a request form, contact the Intellectual Disabilities Director at (717) 232-8761.

cc: Consumer file
County Conference Summary of Events Form
Home and/or Community Services for Individuals with Intellectual Disabilities

Dauphin County MH/ID Program
100 Chestnut Street, First Floor
Harrisburg, PA 17101 - 2518

This form is to be completed by Intellectual Disabilities Service Providers (supports coordinators, service managers, supports brokers, case managers, residential and day providers) after a request for a County Conference is made.

Within five (5) working days of a Request for a County Conference, the service provider will fax a completed County Conference Summary of Events Form to the county office (717) 780-7061.

Name of Individual receiving services:

Please give a summary of the events that led to the request for the County Conference. Include in your summary efforts on your part as the service provider to resolve the issue(s), any support and services offered and any compromises made:

(attach additional information if needed to this form)

Printed Name of ID service provider

Signature of ID service provider

Date of signature

cc. Dauphin County Case Management Unit
Consumer file
RESULTS OF COUNTY CONFERENCE (Waiver Services)

Dauphin County Mental Health and Intellectual Disabilities Program
100 Chestnut Street, First Floor
Harrisburg, PA 17101-2158

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After reviewing the information presented at the County Conference, the following is the decision of the Dauphin County MH/ID Program:

________________________

________________________

________________________

________________________

________________________

Sincerely,

________________________

Dauphin County MH/ID representative

You or your legal representative have the right to a fair hearing and appeal before the Department of Public Welfare based on this notice. A copy of Fair Hearing and Appeal Instructions and request form are enclosed. You or your legal representative has the right to an Independent Mediation regardless of your decision to request a Department Fair Hearing. To request Independent Mediation, contact the Office for Dispute Resolution at 6340 Flank Drive, Suite 600, Harrisburg, Pennsylvania 17112 or by telephone at (800) 222-3353.

cc. consumer file