Every agency/facility and sponsoring agency providing facilities or home and community based (HCBS) waiver services shall develop policies and procedures which establish mechanisms to resolve objections to services.

Objections, related to facilities or HCBS waiver services, may be initiated regarding:
1. any plan of services or part thereof and proposed changes thereto
2. plans for placement
3. a proposal initiated by the agency/facility to discharge
4. a proposal to reduce, suspend or discontinue HCBS waiver service(s)

The following parties may initiate an objection: adult persons receiving services; parents, guardians, correspondents, and advocates of persons receiving services; and the Mental Hygiene Legal Service.

The person receiving services, and his or her parent, guardian, correspondent and advocate, as applicable, shall be advised of the mechanism to resolve an objection: upon admission to a facility or enrollment in HCBS waiver services, as changes occur, and upon any substantive amendment to this section. In addition, when an agency proposes to reduce, suspend, or discontinue a person’s HCBS waiver service(s), the agency shall, in a form and format approved by the commissioner, advise the person, and his or her advocate and care coordinator as applicable, of the proposed changes and of the mechanism for resolving an objection to the proposed changes. A capable adult person receiving services may refuse the initiation of an objection or subsequent appeal on his or her behalf. A person, with his or her parent, guardian, correspondent and advocate as applicable, may select a representative of his or her choice to provide assistance and/or representation, including legal counsel.

There shall be a mechanism available at the agency/facility or the sponsoring agency for informal resolution between the objecting party and relevant staff of the agency, including the chief executive officer or his or her designee. Such process shall include the person's care coordinator and advocate, as applicable. If, through this informal mechanism, a resolution cannot be reached, the objecting party shall be given the opportunity to submit a formal written objection requesting a hearing to the appropriate DDSO director. Within five days of receipt of a formal written objection, a hearing shall be scheduled, to take place before a hearing officer appointed by the DDSO Director, with no less than 10 days' notice to the involved parties. A written decision by the hearing officer shall be sent to the involved parties within 14 days of that hearing. If any party to the proceeding is not satisfied with the decision, it may be appealed within 10 days to the commissioner, who will issue a final written decision to all parties within 14 days of receipt of the appeal. The commissioner may, at his or her discretion, send the matter back to the hearing officer for further review.

The agency shall have a process available for informal resolution between the objecting party and relevant staff of the agency, including the chief executive officer or his or her designee. Such process shall include the person's Care Coordinator and advocate, as applicable. The agency shall include documentation of the result of the process in the person's record. During the period that an objection is undergoing administrative review (including an expedited review), the agency shall not reduce, suspend or discontinue the HCBS waiver service(s) at issue, unless otherwise agreed to by both parties. No person or objecting party or a representative of either shall be denied the opportunity to participate in any hearings pursuant to this section. The person or objecting party or a representative may offer information and ask relevant questions of any parties participating in any such hearing. Treatment may be given, other than treatment for which informed consent is required by applicable regulation, to a person, despite objection, in a situation where the treatment is deemed necessary to avoid serious harm to life or limb of that person or others, at the discretion of the chief executive officer and in accordance with agency/facility or the sponsoring agency policies/procedures.
Objection to Services Form

Do you have a concern that you have not been able to resolve and would like the assistance of the Compliance Officer? Yes/No

Please answer the questions below. You may wish to ask someone to help you complete this form.

Write down the concern, what steps you have taken so far and how you see the committee helping.
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
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____________________________________________________________________________________________________________________________________

What would you like to see happen?
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

Your concern will be reviewed by the Compliance Officer. You will receive a response within 30 days.

Your name: ____________________________________________________________________________

How do we contact you? __________________________________________________________________

Date______________________