

APPEAL RIGHTS

RSA strives to ensure your satisfaction with Vocational Rehabilitation (VR) services. When situations arise in which you have questions or concerns about your services, we encourage you to speak with your counselor. In the event that you cannot resolve the issue with your counselor, you have the right to appeal a decision that may affect your services. Your request for appeal must be received by RSA within 15 calendar days from the date of the letter in which RSA notified you of the decision.

When you request an appeal, you can choose any of the following options to resolve the issue:

Informal review: This is a review of the decision by the local office Supervisor or the Program Manager. The local office Supervisor will complete the review when a VR Counselor has made the decision. The Program Manager will complete the review when the local office Supervisor has made the decision, or when a potential solution will require a decision/action from the Program Manager.

Mediation: This is an informal, confidential meeting where an impartial, third-party Mediator leads a discussion between you and RSA staff in order to clarify the issue and negotiate an agreement. The Mediator does not act as a judge and will not make any decisions.

Fair Hearing: This is a formal review by an impartial Administrative Law Judge (ALJ) from the DES Office of Appeals. An ALJ conducts a hearing and makes a decision based on the facts of the case and law/policy. The ALJ will be selected on a random basis from a pool of persons qualified to be an impartial hearing officer. A hearing will be scheduled within 60 days of the appeal request unless a resolution is achieved prior to the 60th day, or you agree in writing to a specific extension of time. You may present additional evidence, information or witnesses during the hearing. You may be represented by an attorney or other appropriate advocates at your own expense. RSA will be represented by an attorney. You may examine all witnesses and other relevant sources of information and evidence.

To start the appeal process, submit either the following Request for Appeal form or a written, signed and dated statement describing the decision you disagree with and which option (Informal Review, Mediation, or Fair Hearing) you choose to resolve the issue(s). Your request for appeal must be received by RSA within 15 calendar days from the date of the letter in which RSA notified you of the decision.

You may be present at any meetings to resolve your appeal. RSA will not suspend, reduce, or terminate the service for which you submitted the appeal prior to a final appeal decision unless there is evidence that the services have been obtained through misrepresentation, fraud, or criminal behavior.

If you have questions about your VR services or appeal rights, need this information in an alternative format, or if you need assistance completing the Request for Appeal form, contact any RSA staff member.

If you have questions about your VR services or appeal rights, you can call the Client Assistance Program (CAP) at (602) 274-6287 (Phoenix area) or 1-800-927-2260 (statewide).

REQUEST FOR APPEAL

I, (type your name) _____, disagree with a decision made by RSA that affects the provision of my services.

I am appealing the following RSA decision:

I disagree with the decision because:

I want to resolve this issue by (check the option you would like to begin with):

Informal Review

- I agree to extend the 60 day timeframe for Fair Hearing in order to resolve the issue informally.
- I understand a local office supervisor or program manager will review the decision and my appeal and attempt to identify a resolution.
- I understand that I continue to have the right to Mediation and Fair Hearing if I am not satisfied with the results of this informal review.

Mediation

- I agree to extend the 60 day timeframe for Fair Hearing in order to resolve the issue informally.
- I understand that an impartial mediator will meet with me and any representatives I choose to have present, staff who made the decision, and the RSA Ombudsman to review the decision and my appeal and attempt to help negotiate an agreement.
- I understand that I continue to have the right to a Fair Hearing if I am not satisfied with the results of this Mediation.

Fair Hearing

- I do not want to start with either option listed above and ONLY want Fair Hearing with a Hearing Officer.

I can be contacted at the following contact information regarding this request:

Phone: _____ Alternate Phone: _____

Address: _____

Email: _____

Signed by Client/Client's Representative: _____ Date: _____

Send your request for appeal to the designated individual listed below. Your request must be received by RSA within 15 calendar days of the date of the letter in which RSA notified you of the decision:

- RSA Ombudsman
1789 W. Jefferson Street
Phoenix, AZ 85007
RSAOmbudsman@azdes.gov

For Office Use Only

For a Mediation requests, the counselor or designated RSA staff must agree to participate and complete the following information.

I agree to participate in mediation.

I do not wish to participate in mediation.

Signed by RSA Staff: _____ Date: _____