

# When You Disagree

A Guide to Addressing Decisions under the  
Employment Support and Income Assistance  
(ESIA) and Disability Support Program (DSP)

## When you disagree with a decision

If you disagree with a decision made about your case or request, you can follow a process to have that decision reconsidered.

This is called the **right to appeal**.

You can discuss the decision with your caseworker or care coordinator. You also have the right to appeal the decision. There are two parts to an appeal. The first is called a decision review, and the second is an appeal hearing before a board. A decision review must occur before you can proceed to an appeal hearing.

### How the process works:

#### Discuss the decision

Your caseworker or care coordinator contacts you to share the decision

#### Step 1 Ask for a decision review

You can request a 'decision review'

#### Step 2 Ask for an appeal hearing

You can request an 'appeal hearing'

**If your issue gets resolved at any point, you can stop the process.**

### What the process does:

The appeal process ensures all rules have been followed properly. Rules are any policies, regulations or laws that tell caseworkers and care coordinators how to make decisions.

### What the process does not do:

The appeal process will not change any rules. It will not allow a caseworker or care coordinator to make exceptions to the rules.

## Discuss the Decision

Your caseworker or care coordinator will contact you to share when a decision is made on your case, including sending a letter. If you disagree with a decision on your case, you can talk to your caseworker or care coordinator about it to make sure they fully understand your circumstances. You may also contact them at any time.

### Remember:

You **have the right** to request a review of a decision you disagree with, even without having a discussion with your caseworker or care coordinator.

### Deadline Reminder:

You have **30** business days from the date of the letter explaining the decision to request a decision review.

## What to tell your caseworker or care coordinator when you talk about a decision:

This is a good time to ask any questions you have about the decision.

It is helpful to talk about:

- Why you disagree with the decision
- Any new information you have that may change the decision
- Any changes to your personal circumstances

## What's next?

If you talk to your caseworker or care coordinator and still disagree with the decision, you can request a decision review.

If you talk to your caseworker or care coordinator, and you agree with the decision or an alternate solution that's been proposed, you do not need to do anything else.

## Step 1 – Ask for a Decision Review

The first step of the appeal process is to request a ‘decision review’. Decision Review Services will review your request and the decision made about your case. The Decision Review Services worker who reviews the case is a Department of Community Services employee who will not have been involved in the original decision.

### Getting Started:

To request a decision review, you must submit a letter requesting one. You can use the form at the back of this brochure or write your own.

Your letter should include:

- The decision you disagree with
- Why you disagree
- If you have new information related to the decision
- Your name, address, phone number, date of birth, and signature
- Your case number and name of your caseworker or care coordinator, if you know it

#### Questions?

You can call Decision Review Services at 1-833-424-5124.

You can scan and email the signed letter to [DecisionReview@novascotia.ca](mailto:DecisionReview@novascotia.ca), mail it to the address on the decision letter we sent you, or bring it to your local office.

### What’s next?

The Decision Review Services worker will review your request and any new information. They will then decide if the original decision was appropriate based on the rules that must be followed.

We will tell you of the result of the decision review within 10 business days from the date we receive your letter.

If you disagree with the decision review, you can contact Decision Review Services to discuss and move on to Step 2.

## Step 2 – Ask for an Appeal Hearing

If you disagree with the decision review, you have the right to ask for an appeal hearing.

During an appeal hearing, a member of the Assistance Appeal Board will review the decision. Board members are not employees of the Department of Community Services. Board members are independently appointed and trained to avoid any conflict of interest.

### Getting Started:

If you disagree with the outcome of the decision review, check the **“Yes, I want an appeal hearing”** box at the bottom of the decision review letter. Sign the letter and scan and email a signed copy, mail, or bring it to your local office.

#### **Deadline Reminder:**

You have **10** business days after you get the decision review letter to ask for an appeal hearing.

The appeal hearing will be scheduled within 45 days of receipt of your appeal hearing request. You will receive a letter from the Assistance Appeals Unit telling you the time, date, and location of your appeal hearing. It is recommended that you attend.

### What happens at the appeal hearing?

The Assistance Appeal Board member will listen to your point of view and the reasons for the department’s decision. The board member reviews the request, any new information, and checks the rules that must be followed.

The board member will decide if the original decision was appropriate based on the rules and the law. You will be mailed the board member’s decision within seven business days after your hearing.

## Step 2 – Ask for an Appeal Hearing continued

### Preparing for the appeal hearing:

The hearing is your opportunity to explain why you think the original decision was incorrect and should be changed.

- Tell your caseworker or care coordinator in advance if you require an interpreter or any assistive devices for the hearing. You also have the right to attend your hearing by phone.
- Bring any documents or letters that help explain your side of the story.
- You can bring a list of points you want to discuss in the hearing.

You have the right to be assisted by someone (for example, a representative or a lawyer) throughout the appeal process. You must inform us in advance if a lawyer will be representing you.

### Who is at the hearing?

- You and anyone you bring to help you present your position, such as a friend, family member, or lawyer
- One or more people from the Department of Community Services who can explain why the original decision was made, such as a supervisor, caseworker or care coordinator, or lawyer
- One Assistance Appeal Board member

To protect your privacy, the hearing is **NOT** open to the public and recording devices are not allowed.

### What's next?

If you do not agree with the outcome of the appeal hearing, you may be able to go to the Supreme Court of Nova Scotia to argue that an error in law was made. It would help to have a lawyer assist you with this.

## Process Summary

### Discuss the decision



You can talk to your caseworker or care coordinator

You may find a solution together—or you can go on to Step 1.

### Step 1



Write a letter requesting a 'decision review'

A worker from Decision Review Services will review the decision. You may accept the outcome—or you can go on to Step 2.

### Step 2



Check the **“Yes, I want an appeal hearing”** box on the Decision Review Report letter, sign it, and send it back to us

An Assistance Appeal Board member hears both positions and makes a decision.

# Request for Decision Review

## Decision Review Services



Use this form to request a decision review within 30 business days of the date on the letter explaining the decision on your case.

### 1 Provide your contact information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Phone (999-999-9999): \_\_\_\_\_

Email: \_\_\_\_\_

Case ID: \_\_\_\_\_ Worker: \_\_\_\_\_

#### Preferred method of communication:

The Government of Nova Scotia cannot guarantee the privacy and security of email messages sent from your computer to government because this information might be transmitted without encryption. For your protection, carefully consider the type and amount of information you send to government organizations by email.

E-mail: \_\_\_\_\_

Other (specify): \_\_\_\_\_

### 2 Tell us the decision you want reviewed

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### 3 Tell us why you believe the decision was incorrect.

(you may also attach a separate page)

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# Consent for 3<sup>rd</sup> Party Representation

## Decision Review Services



Complete this form if you want to consent for a third party representative (for example, a lawyer or advocate) to act on your behalf for a Decision Review and/or an Appeal Hearing

### 1 Provide your details

Case ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 2 Provide representative details

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

### 3 Choose the applicable option

Select the option(s) for which this consent is applicable (check all that apply):

Decision Review     Appeal Hearing

A Decision Review is when a worker who has not been involved in the decision will look at your request and determine if the decision made by your caseworker or care coordinator is appropriate.

An Appeal Hearing is when a member of the Assistance Appeal Board hears your case. Board members are not employees of the Department of Community Services (DCS). They apply through a standard process and are independently appointed and trained to avoid any conflict of interest. An Appeal Hearing takes place if you disagree with the outcome of the Decision Review.

### 4 Consent Statement

I understand that the use and disclosure of my personal information will be in accordance with this authorization and in compliance with the Nova Scotia Freedom of Information and Protection of Privacy Act.

I hereby give my consent to the above mentioned representative to act on my behalf in relation to the Decision Review and/or Appeal Hearing (providing information, receiving/sending correspondence and requesting appeals). I authorize DCS to disclose to him/her any personal data about me held by Department of Community Services, subject to the restrictions mentioned below.

**4 Consent Statement** continued

I provide my consent for one year from the date of signature.

I acknowledge that my consent for third party representation can be changed or revoked at any time during this process and agree to notify the Department of Community Services within a reasonable amount of time of any changes to my third party representation

**5 Sign and date**

By signing below, I agree to the consent statements in Section 4.

Appellant name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Representative name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

