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HEARINGS

RESPONSIBILITIES

A. LEGAL
BASE

The Mississippi Medicaid Law governing the administration of medical assistance makes provision under Section 43-13-116 of the Mississippi Code of 1972 for fair and impartial hearings in full implementation of the Federal statutory and regulatory requirements.

Section 1902(a) (3) of the Federal Social Security Act requires that a State Plan provide an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly. The Federal Regulations, 42 CFR 431.200, also prescribe procedures for an opportunity for a hearing if the Medicaid agency takes action to suspend, terminate or reduce services.

B. SOCIAL
SECURITY
ADMINISTRATION

The Social Security Administration is the Federal agency charged under the Federal Social Security Act with the responsibility of determining who is eligible for Supplemental Security Income (SSI). In Mississippi, individuals who are eligible for SSI are automatically eligible for Medicaid. Applicants who are denied SSI are also denied Medicaid. Recipients whose entitlement to SSI is terminated also lose Medicaid. These individuals denied or terminated from SSI may apply for Medical Assistance Only provided the application qualifies under one of the Medicaid only coverage groups covered by the Medicaid Regional Offices.

If an SSI applicant or recipient disagrees with the decision to deny or terminate SSI benefits, the individual must contact the Social Security office which issued the adverse decision. A request for a hearing must be lodged with the Social Security Administration when the issue at hand is SSI benefits and automatic Medicaid eligibility.

C. DEPARTMENT
OF HUMAN
SERVICES

The Mississippi State Department of Human Services is the State agency charged with the responsibility of determining eligibility for Foster Care and adoption assistance.

HEARINGS

RESPONSIBILITIES

Those individuals who are eligible for assistance through DHS are automatically eligible for Medicaid. If an applicant's application for Medicaid is disapproved or a decision is made to terminate a recipient's benefits under any DHS Program, and he/she disagrees with the decision, the individual must contact the local County Department of Human Services. The State Department of Human Services has adopted local and State hearing procedures relating to adverse determinations of financial assistance for the programs they administer.

Effective January 1, 2005, the Department of Human Services (DHS) is not responsible for determining eligibility for families and children and CHIP. DHS is not responsible for State and local hearings related to Medicaid eligibility for any programs transferred to the Division of Medicaid.

**D. DIVISION
OF MEDICAID**

The Division of Medicaid is charged with the responsibility of determining Medicaid eligibility for certain aged, blind and disabled individuals who are not eligible for or receiving Supplemental Security Income. These individuals are outlined in Section A, Coverage Groups and Section G, MAO Coverage Groups.

The Division of Medicaid is responsible for conducting fair hearings relating to any suspension, termination or reduction in medical services unless the suspension, termination or reduction is brought about through Federal or State law or policy. The Medicaid Agency need not grant a hearing if the sole issue is a Federal or State law or policy requiring an automatic change adversely affecting some or all recipients.

Recipients of Medical Assistance Only are informed of their right to request a hearing by statements included on all notification forms issued to the client. Informational pamphlets which discuss hearing procedures are available at each regional office and are to be included with notification forms issued to the client which involve an adverse action.

Effective January 1, 2005, the Division of Medicaid is responsible for State and local hearings related to Medicaid eligibility for families and children.

HEARINGS

HEARING PROCEDURES

**A. HEARINGS
DEFINED**

A Medicaid hearing is defined as an orderly but informal meeting in which the client or his/her legal representative is afforded an opportunity to address an impartial hearing officer for the purpose of presenting oral testimony and/or evidence of his entitlement to medical assistance and services. The client has the right of confrontation and cross-examination as more fully set out below.

A hearing calls for a new determination of the client's eligibility, based on all the evidence that can be secured, without regard to whether the evidence was available at the time that the Regional Office's action was taken. Thus, the process is not essentially different from a normal determination of eligibility.

**1. Exception
to Holding
Local
Hearings**

The client or legal representative may request a local hearing or a State hearing, or both, to present an appeal. The only exception to requesting a local hearing is when the issue under appeal involves either

- a disability or blindness denial, or termination or,
- a level of care denial or termination for a Disabled Child Living At-Home.

An appeal involving disability, blindness or level of care must be handled as a State level hearing since both issues involve medical decisions that cannot be handled on the local level.

**2. Telephone
Hearings
Required**

The local and/or State level hearings will be held by telephone unless, at the Hearing Officer's discretion, it is determined that an in-person hearing is necessary.

HEARINGS

HEARING PROCEDURES

**B. WHEN A
HEARING
IS REQUIRED**

The agency must grant an opportunity for a hearing to any applicant who requests it because his claim for services is denied or is not acted upon with reasonable promptness; and, any recipient who requests it because he/she believes the agency has erroneously taken action to reduce or terminate benefits. **The agency need not grant a hearing if the sole issue is a Federal or State law requiring an automatic change adversely affecting some or all recipients.**

**C. REQUESTING
A HEARING**

A request for a hearing, either State or local, must be made in writing by the client or his legal representative. "Legal representative" includes the authorized representative, an attorney retained by the client or client's family to represent the client, a paralegal representative with a legal aid service, a parent of a minor child (if the client is a child), a legal guardian or conservator or an individual with power of attorney for the client. A request for a hearing may be made orally but the hearing will not be scheduled until the request is in writing. The worker will assist the client in submitting and processing the request, as outlined below.

**1. Requesting
A Hearing
In Person**

The client may come to the Regional Office or meet with a worker in person to request a hearing. The worker must determine first what level of hearing is desired, either local or State. If the client is unsure as to the type hearing desired, the worker will explain the difference between the two levels of appeal and explain that a State hearing may still be available if the local hearing decision is adverse (unless a State level hearing is required). The worker will have the client complete and sign DOM-350 if a local hearing is desired or DOM-352 if a State hearing is desired. If a State hearing is required or requested, the worker may forward the request to the appropriate Hearing Officer or the client may wish to mail the request to the address listed on the form. The appropriate form will be completed in accordance with the instructions for the form.

HEARINGS

HEARING PROCEDURES

- 2. Filing A Request In Writing**
- The client may make the written request for a hearing by letter. A simple statement requesting a hearing that is signed by the client or legal representative is sufficient; however, if possible, the client should state the reason for the request. The letter may be mailed to the Regional Office or it may be mailed to the State Office. If the letter does not specify the type of hearing desired, either local or State, the worker will contact the person making the request to determine the level of hearing desired. If contact cannot be made within three (3) days of receipt of this request, assume the request is for a local hearing and schedule accordingly unless a State hearing is required. If a State hearing is specified or required, the letter will be forwarded to the Eligibility Division in the State Office.
- 3. Oral Requests For A Hearing**
- An oral request must be put into written form. When an oral request is made, the worker will to the person requesting the hearing that the request must be put in a letter (or signed statement) and mailed to the Regional Office or the worker will mail the appropriate form to the client for signature. The worker will explain that a hearing will not be scheduled until either a letter or the appropriate form is received by the Regional or State Office.
- D. TIME LIMIT FOR FILING A HEARING**
- The client has 30 days from the date the worker signs and mails the appropriate notice to the client to request either a State or local hearing. This 30-day filing period may be extended if the client can show good cause for not filing within 30 days. Good cause includes, but may not be limited to, illness, failure to receive the notice, being out of state, or some other reasonable explanation. If good cause can be shown, a late request may be accepted provided facts in the case remain the same. If a client's circumstances have changed or if good cause for filing a request beyond 30 days does not exist, a hearing request will not be accepted. If the client wishes to have his eligibility reconsidered, he may reapply.

HEARINGS

HEARING PROCEDURES

**E. CONTINUATION
OF BENEFITS**

If a client or representative requests a hearing within the advance notice period, benefits must be continued or reinstated to the benefit level in effect prior to the planned adverse action. Benefits will continue at the original or former level until the final hearing decision is rendered. In order to determine if a request for a hearing is timely made in order for benefits to continue, the request must be dated and the Regional Office contacted during the 10-day advance notice period. If a hearing is requested by telephone, the client must be advised to put the request in writing prior to the 10-day period specified.

Any hearing requested or dated after the 10-day period will not be accepted as a timely request in order for continuation of benefits to apply.

Note: The client may request a State hearing if the local hearing decision is adverse. If benefits have been continued pending the local hearing, then benefits will continue pending a State hearing decision provided the request for the State hearing is made in writing within 15 days of the date on Notice of Local Hearing Decision. Refer to the discussion later in this section on "Request for a State Hearing Following Adverse Local Decision."

IF THE AGENCY'S ACTION IS SUSTAINED BY THE HEARING DECISION (LOCAL AND/OR STATE) MEDICAID HAS THE RIGHT TO INITIATE RECOVERY PROCEDURES AGAINST THE CLIENT TO RECOUP THE COST OF ANY SERVICES FURNISHED THE CLIENT, TO THE EXTENT THEY WERE FURNISHED SOLELY BY REASON OF THE CONTINUATION OF BENEFITS PROVISION.

HEARINGS

HEARING PROCEDURES

**F. DESIGNATING
A REPRESENTATIVE**

The client may be represented by anyone he designates. The client must give the designation to the Medicaid Regional Office in writing if the person is not the legal representative, legal guardian, or authorized representative. If another person states that the client has designated him as the client's representative and the client has not provided written verification to this effect, the Regional Office will ask the person to obtain the written designation from the client. Otherwise, the Regional Office or the State Office would be put in the position of releasing confidential information about the client without assurance that this person is the client's designated representative.

**G. BOTH MEMBERS
OF COUPLE
APPEAL**

When both members of an eligible couple wish to protest the action or inaction of the Regional Office that affects both applications or cases similarly and arose from the same issue, one or both members may file the request for a hearing. The couple will be assured that both may present evidence at the hearing and that the Agency's decision will be applicable to both.

If both file a request for a hearing, two hearings will be registered but they will be conducted on the same day and in the same place, either consecutively or jointly, according to the wishes of the couple. If it is their wish for only of them to attend the hearing, this is permissible.

**H. REGIONAL
OFFICE
HANDLING
REQUEST**

The client will ordinarily file an appeal in the Regional Office which is responsible for the adverse decision or the delay in action. If the client has moved to another Regional Office jurisdiction at the time the appeal is made, it is possible for the Regional Office which serves the client's current county of residence to act for the former Regional Office. However, the hearing officer may request the attendance of the worker in the Regional Office in which the action was taken if necessary or advisable.

HEARINGS

HEARING PROCEDURES

**I. SCHEDULING
THE HEARING**

Upon receipt of a written request for a hearing, the request will be acknowledged in writing and the hearing scheduled. If a local hearing is requested, the Regional Office will notify the client or representative in writing of the time and date of the local hearing. The letter scheduling a local hearing will be prepared in duplicate. The original is given or mailed to the client or representative and the copy is filed in the case record. If a State hearing is requested, the State Office will notify the appropriate person in writing of the time and date of the State hearing. The letter scheduling a State hearing will be prepared in triplicate with the original mailed to the client or representative, a copy mailed to the appropriate Regional Office to be filed in the case record, and a copy filed in the State hearing folder.

A hearing pamphlet will be included with the letter scheduling either a local or a State hearing.

The notice scheduling the time and date of the hearing, either local or State, must be mailed to the client at least five (5) days before the day the hearing is scheduled.

**J. ATTENDANCE
AT THE
HEARING**

A State or local hearing is not open to the public. All persons attending the hearing will attend for the purpose of giving information on behalf of the claimant or rendering him assistance in some other way, or for the purpose of representing the Medicaid Agency. All persons attending the hearing will be asked to give information pertinent to the issues under consideration.

**K. WITHDRAWN
ABANDONED
HEARINGS**

The hearing process is initiated by a written request and can be terminated only by a written statement whereby the client or representative withdraws the request for a hearing. A State or local hearing request may be withdrawn at any time prior to the scheduled hearing, or after the hearing is held but before a decision is rendered. The withdrawal must be in writing and signed by the client or representative.

HEARINGS

HEARING PROCEDURES

A hearing request will be considered abandoned if the client or representative fails to appear or is unavailable for a scheduled hearing without good cause. If no one is available for a hearing, the appropriate office will notify the client in writing that the hearing is dismissed unless good cause is shown for not attending. The proposed adverse action will be taken on the case following failure to appear for a hearing if the action has not already been effected.

**L. RIGHTS OF
THE CLIENT**

The client or his/her representative has the following rights in connection with a local or State hearing:

- The right to examine at a reasonable time before the date of the hearing and during the hearing the content of the applicant's or recipient's case record.
- The right to have legal representation at the hearing and to bring witnesses.
- The right to produce documentary evidence and establish all factors and circumstances concerning eligibility.
- The right to present an argument without undue interference.
- The right to question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.

HEARINGS

HEARING PROCEDURES

**M. REGIONAL
OFFICE
RESPONSIBILITY
IN HEARING
PROCEDURES**

When a request for a local or State hearing is received by the Regional Office or if the Regional Office is notified by the State Office that a hearing request was mailed directly to the State Office, staff in the Regional Office is responsible for the following:

**1. Supervisor
Review**

The Supervisor will review the case record and re-examine the action taken on the case to determine if policy has been followed. If any adjustments need to be made to the case, the Supervisor will ensure that corrections are made. If continuation of benefits applies because the hearing request was made timely, the Supervisor will ensure that benefits continue at the level prior to the proposed adverse action that is under appeal. In reviewing the case record, the Supervisor will also ensure that all needed verification is present in the case and will secure any additional evidence needed for the hearing, if necessary.

**2. Preparation
of Hearing
Record**

The Regional Office is responsible for preparing the hearing record to be used for a State Hearing. It is not necessary to prepare a hearing record for a local hearing since the claimant is entitled to examine the entire case record prior to or during a hearing. The State hearing folder is forwarded to the appropriate Hearing Officer. The hearing folder prepared for a State hearing will be forwarded to the Hearing Officer no later than five (5) days after receipt of the request for a State hearing.

The State hearing record will consist of all pertinent information relating to the issue under appeal, including:

- The written hearing request submitted by the claimant or representative.
- A statement prepared by the worker explaining the action taken on the case and the date of the action. The worker must explain any corrective action taken on the case subsequent to the hearing request.

HEARINGS

HEARING PROCEDURES

- Copies of portions of the case record which constituted the basis for the action taken on the case. All hearing records will contain a copy of:

DOM-300, Application Form or DOM-300A, or 300B Redetermination Form, whichever is applicable.

Notice to Client, DOM-305 or DOM-306, whichever is applicable.

- If an application has been rejected or a redetermination completed and action taken on one factor of eligibility, but other factors have not been ascertained, include a statement as to the other factors of eligibility. For example, if the issue is disability, but the client's income has not been established, a hearing held on the disability factor will have limited value if the Regional Office then finds that the client was also ineligible on income or some other factor.

3. Holding the Local Hearing

The Regional Office is responsible for scheduling, conducting, and rendering decisions on local hearings. Refer to "Holding the Local Hearing" below.

4. Taking Action on the Case

The Regional Office is responsible for taking any corrective action required as a result of a local or State hearing decision rendered in the client's favor, or for processing the original planned action on the case which was the basis for the appeal if continuation of benefits applied pending the hearing decision.

HEARINGS

HEARING PROCEDURES

**N. LOCAL
HEARINGS**

When a request for a local hearing is received, the Regional Office will schedule the local hearing no later than 20 days after receipt of the request. The client will be allowed time to obtain additional information or request an attorney, relative or friend to attend the hearing and give evidence. The Regional Office may not schedule a local hearing without giving 5 days advance notice to the client unless the client waives the advance notice time. The case record will be documented if the client waives the advance notice.

**1. Holding
the Local
Hearing**

The Regional Office staff member who conducts the hearing must be one who has not participated in determining eligibility or who has directed the decision. Although the Medicaid Specialist Supervisor may have officially signed all forms authorizing eligibility, if he/she has not actually taken part in the eligibility decision, the Supervisor will hold the hearing.

If the Supervisor made the actual determination of eligibility on the case, he/she cannot hold the local hearing but must designate another Medicaid Specialist in the Regional Office to hold the local hearing.

The purpose of the local hearing is to provide an informal proceeding to allow the client or representative to present new or additional information, to question the action taken on the client's case, and to hear an explanation of the eligibility requirements as they pertain to the client's situation.

After the local hearing is held, a summary of the hearing procedure will be prepared by the worker or Supervisor holding the hearing. The summary serves the same purpose as a transcript of a tape-recorded State hearing and is filed in the case record.

HEARINGS

HEARING PROCEDURES

**2. Issuing
Local
Hearing
Decision**

The Regional Office staff member who held the hearing will carefully consider the facts presented at the local hearing in rendering the local hearing decision. When a decision has been reached by the worker, the client must be notified of the local hearing decision via DOM-351. This form must be used in notifying the client since it advises the client of the right to request a State hearing. Form DOM-351 must clearly state the reason for the decision and the policy which governs the decision. Also, if the hearing is denied, the new effective date of closure or reduced benefits must be included on the form if continuation of benefits applied during the hearing process. (A second Notice of Adverse Action is not required.) The new effective date of closure or reduced benefits must include a date in effect at the end of the 15-day advance notice period allowed via DOM-351. If a State hearing is requested within the 15-day advance notice period and continuation of benefits applies, the State Office will notify the client of any new effective date of closure, reduced benefits, or other revised eligibility dates via the State hearing decision letter.

**O. REQUEST
FOR STATE
HEARING
FOLLOWING
ADVERSE
LOCAL
DECISION**

The client has the right to appeal a local hearing decision by requesting a State hearing, but the State hearing request must be made in writing within 15 days of the mailing date of the DOM-351. This means that the written request for the State hearing must be received by the Regional or State Office Eligibility Division on or before the 15th day after the local hearing notice is mailed. If the State hearing is requested orally, then the claimant must be informed that the request be put into writing and received within the allotted time period of 15 days.

If benefits have been continued pending the local hearing decision, then benefits will continue throughout the 15-day advance notice period for an adverse local hearing decision. If a State hearing is timely requested within the 15-day period, then benefits will continue pending the State hearing decision.

State hearings requested after the local hearing advance notice period will not be accepted unless the 30-day period for filing a hearing request has not expired because the local hearing was held early. Refer to "Time Limit for Filing a Hearing Request."

HEARINGS

HEARING PROCEDURES

**P. STATE
HEARINGS**

When a request for a State hearing is received in the Regional Office, the request will be dated as to the date of receipt, the request will be photocopied so that a copy can be placed in the State hearing record, then the request will be forwarded to the appropriate Hearing Officer. The Regional Office will proceed with preparation of the State hearing folder and mail the hearing folder to the Hearing Officer for that region within five (5) days of receipt of the State hearing request.

If a State hearing request is mailed directly to the State Office, a copy of the request will be forwarded to the appropriate Regional Office so that the State hearing record can be set up and forwarded to the Hearing Officer for that region.

Upon receipt of the hearing record, the hearing will be assigned to an impartial Hearing Officer who will conduct the hearing. Impartial means that the Hearing Officer has not been involved in any way with the action or decision on the case.

The Hearing Officer will review the material submitted as the State hearing record. If the review shows that an error was made in the action of the Regional Office, or in the interpretation of policy by the Regional Office, or that a change in policy has been made, the Hearing Officer will discuss this fact with the Area Supervisor and ask that an adjustment be made, if appropriate. The Regional Office worker will discuss the matter with the client and if he/she is agreeable to the adjustment of the claim, the worker will request withdrawal of the hearing in writing and state the reason thereof.

If the action of the Regional Office is in order, the Hearing Officer will request any additional information that appears to be needed in holding the hearing and making a new decision.

HEARINGS

RESPONSIBILITIES

**1. Holding
the State
Hearing**

The State hearing will be scheduled by the Hearing Officer in accordance with policy set forth in "Scheduling the Hearing."

In conducting the hearing, the Hearing Officer will inform those present of the following:

- The Hearing Officer will explain that the hearing will be recorded on tape so that a transcript of the proceedings can be typed for the record.
- The reason for the hearing will be stated (i.e., the action taken by the Regional Office which prompted the appeal).
- An explanation will be made concerning the client's rights during the hearing as outlined in "Rights of the Client" and that the purpose of the hearing is an opportunity for the client to express dissatisfaction and present additional information or evidence. Note: Although the State hearing uses a State hearing folder to conduct the State hearing, the actual case record must be available for review by the client or representative before, during, or after the State hearing as outlined in "Rights of the Client."
- An explanation will be made that the final hearing decision will be rendered by the Executive Director of the Mississippi Division of Medicaid on the basis of facts discussed at the hearing and that the claimant will be notified by letter of this decision.

During the hearing the client/representative will be allowed an opportunity to make a full statement concerning his appeal and will be assisted, if necessary, in disclosing all information on which the claim is based. All persons representing the claimant and those representing the Regional Office will have the opportunity to state all facts pertinent to the appeal. When all information has been presented, the Hearing Officer will close the hearing and stop the recorder.

HEARINGS

HEARING PROCEDURES

Immediately following the hearing, the Eligibility Division will transcribe the hearing.

**2. Review
By DDS**

When the issue under appeal is disability or blindness, following the State hearing the Hearing Officer will forward

Staff

all medical information to the Disability Determination Service for reconsideration. A review team consisting of medical staff who were not involved in any way with the original decision will review the medical and hearing transcript and give a decision on the disability or blindness factor. The DDS decision will be final and binding on the Agency.

**3. Recessing
or
Continuing
A State
Hearing**

If additional information is needed and this information is readily available, the hearing officer will recess the hearing for the time required to obtain the facts. If the information is not readily available, the hearing officer will continue the hearing to a suitable later date. If the time at which the information will be obtained is known, the hearing officer, before adjourning the original hearing, will set the time and place for the continued hearing at the earliest possible date, notifying the principals that there will be no further written notice. The hearing officer will reach an agreement with the client and any person attending in his/her behalf about bringing the needed information to the continued hearing. The hearing cannot be extended beyond the time limit for completion of a hearing.

HEARINGS

HEARING PROCEDURES

4. Changes Which Occur During The Hearing Process

If at any time during the hearing process the Regional Office becomes aware of a change in the client's circumstances which will result in an adverse action other than the issue presently under appeal, the client must be notified in writing. The notice to the client must be the usual 10-day notice. If a State hearing has not yet been held, the client may choose to have the new adverse action issue incorporated into the current appeal; however, the client must request the appeal in the normal manner. If the new hearing request is filed in time for the issue to be included with the hearing currently in process, the Regional Office will notify the hearing officer of the additional issue under appeal. The hearing may need to be rescheduled in order to allow the client time to prepare for the hearing.

If a change in the client's circumstances is discovered during the actual hearing, the hearing officer will recess the hearing and notify the Regional Office to send the appropriate 10-day notice. The hearing will be reconvened after the adverse action is mailed and the advance notice period expired. The client may opt for the new issue to be included in the hearing when reconvened. The hearing will be reconvened following the usual procedure for setting the time and place.

5. Recommendation of State Hearing Officer

After a hearing has taken place, the final decision must be based on the oral and written evidence, testimony, exhibits, and other supporting documents which were discussed at the hearing. The decision cannot be based on any material, oral or written, not available to and discussed with the claimant. The decision cannot be based on any written material not available to the claimant.

Following the hearing, the hearing officer will make a written recommendation as to the decision to be rendered as a result of the hearing. The recommendation, which becomes part of the State hearing record, will cite the appropriate policy which governs the recommendation.

HEARINGS

RESPONSIBILITIES

- 6. Decision of The Agency**
- The Executive Director of the Division of Medicaid, upon review of the recommendation, proceedings and the record, may sustain the recommendation of the hearing officer, reject the same, or remand the matter to the hearing officer to take additional testimony and evidence, in which case, the hearing officer thereafter will submit to the Executive Director a new recommendation. The Executive Director will prepare a written decision summarizing the facts and identifying policies and regulations that support the decision, which will be mailed to the client or the representative, with a copy to the regional office as soon as possible after submission of a recommendation by the hearing officer. The decision notice will specify any action to be taken by the agency, specify any revised eligibility dates or, if continuation of benefits applies, will notify the claimant of the new effective date of reduction or termination of benefits or services, which will be fifteen (15) days from the mailing date of the notice of decision. The decision rendered by the Executive Director of the Division of Medicaid is final and binding. The client is entitled to seek judicial review in a court of proper jurisdiction.
- Q. TIME FRAME FOR COMPLETION OF HEARINGS**
- The Division of Medicaid must take final administrative action on a hearing, whether State or local, within 90 days from the date of the initial request for a hearing. Although regulations allow 90 days for the completion of the hearing, the Agency will make every effort to hold hearings promptly and render decisions in a shorter time frame.
- R. SECOND REQUEST**
- The decision of the Executive Director of the Division of Medicaid is final. Should a client appeal a second time without a change in circumstances or Agency policy, the client will be notified in writing by the appropriate office explaining that the appeal cannot be honored. If the client's circumstances or Agency policy has changed, then the client should be advised to file a new application.

HEARINGS

HEARING PROCEDURES

**S. GROUP
HEARINGS**

A group hearing can be held for a number of clients under the following circumstances:

- The Division of Medicaid may consolidate the cases and conduct a single group hearing when the only issue involved is one of a single law or Agency policy.
- The clients may request a group hearing when there is one issue of Agency policy common to all of them.

In all group hearings, whether initiated by the Division of Medicaid or by the clients, the policies governing fair hearings must be followed. Each individual client in a group hearing must be permitted to present his own case and be represented by his own lawyer, or to withdraw from the group hearing and have his/her appeal heard individually.

As in individual hearings, the hearing will be conducted on the issue being appealed, and each client is expected to keep his testimony within a reasonable time as a matter of consideration to the other clients involved.

STATE HEARING COVER SHEET

REGIONAL OFFICE: _____

RO SUPERVISOR/DESIGNEE'S SIGNATURE: _____

CLIENT'S NAME: _____ ID # _____

CLIENT'S COVERAGE GROUP AT ISSUE: _____

IS CLIENT ELIGIBLE UNDER ANY OTHER GROUP (specify) _____

DATE OF APPLICATION(S): _____

DATE(S) OF ELIGIBILITY UNDER APPEAL: _____

DATE(S) 305 or 306 NOTICE(S) ISSUED: _____

WAS LOCAL HEARING HELD: _____

IF YES, DATE LOCAL HEARING REQUEST REC'D IN WRITING: _____

DATE STATE HEARING REQUEST REC'D IN WRITING: _____

STATUS OF CASE: OPEN UNDER CONT. OF BENEFITS REJECTED
 CLOSED EFFECTIVE _____ OTHER

BRIEFLY DESCRIBE ISSUES UNDER APPEAL: _____

NAME/ADDRESS/PHONE # OF CLIENT OR DESIGNATED REP REQUESTING HEARING:

NAME: _____ PHONE# _____

ADDRESS: _____

REP'S RELATIONSHIP TO CLIENT: _____

FOR STATE OFFICE USE ONLY

DATE RECEIVED BY STATE LEVEL REVIEWER: _____

DATE ASSIGNED APPOINTMENT FOR HEARING: _____

HEARING DATE: _____

DUE DATE: _____ END OF 90 DAY PERIOD: _____