TEXAS Health and Human Services

Appendix XXIX, Fair Hearing and Interest List Options for Aging Out of MDCP

You or your child is not eligible for the Medically Dependent Children Program (MDCP) because you or your child does not meet the age requirement for MDCP. The attached Form H2065-D, Notification of Managed Care Program Services, lists the reasons for denial.

You can appeal this decision.

If you want to appeal the denial, you must ask for a fair hearing. To ask for a fair hearing, you can use the two-page request form on pages 4-5 of this notice or call the office phone number on the top-right corner of the attached Form H2065-D.

- You may be able to continue getting MDCP services during the fair hearing process. If you want services to continue during the fair hearing process, you must request a fair hearing within **10 business days** from the date of notice on the top-right corner of Form H2065-D or by the date your services will end (also on Form H2065-D), whichever is later. If you use the request form on pages 4-5 of this notice, make sure you check the box to continue services. If you call, tell us over the phone that you want services to continue.
- You have 90 days from the date on Form H2065-D to ask for a fair hearing.

A fair hearing is when a hearing officer who is not part of the Medicaid program reviews the decision to deny eligibility for services. If you ask for a fair hearing, it will be scheduled within 30 days. A packet of information will be mailed to you before the fair hearing.

- You can submit new facts about your case. You have the right to see any records and information that will be used.
- Fair hearings can last 30 minutes to four hours, depending on the issue. Most fair hearings are held by phone, but if you have good reason, you can ask for an in-person fair hearing.
- You can represent yourself or choose a relative, friend, lawyer or someone else to represent you during the fair hearing. You will have to pay any fees

they charge for representing you. To find out if there is free legal help in your area, call 2-1-1.

- You will get a written decision within 60 days of the date you requested a fair hearing. The decision will explain your right to have the case reviewed if you disagree with the outcome.

If you have questions about the fair hearing process, call the HHS Ombudsman at 866-566-8989 or submit questions online at hhs.texas.gov/managed-care-help.

You have interest list options.

You can choose one or both of the following options:

- Move up on another 1915(c) waiver program interest list.
- Be added to the bottom of another 1915(c) waiver program interest list.

You can request these options now or you can wait until after the fair hearing. You can also do all at the same time. Use the two-page form on pages 4-5 of this notice or call the number on the top-right corner of Form H2065-D to request an interest list option. Details about your options are provided below. If you have questions about these options, call the phone number on the top-right corner of Form H2065-D.

Move Up On or Be Added to the Bottom of Another Interest List
1. You can request to move up on or be added to the bottom of another interest list for these 1915(c) waiver programs: a. Community Living Assistance and Support Services (CLASS) b. Home and Community-Based Services (HCS) c. Texas Home Living (TxHmL) d. Deaf Blind with Multiple Disabilities (DBMD) 2. To move up on a list, you must have already been on it before or be on it now. If you want to be added to another list, we will add you to the bottom. 3. If you ask to move up, we will change the request date for that program to your MDCP request date, if it is earlier. 4. You can ask for these options and a fair hearing at the same time. 5. You have 120 days from the date on the top-right corner of Form H2065-D to request to move up on another 1915(c) waiver program interest list.

You have rights.

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs or religion, you may file a complaint using the office address on the top-right corner of Form H2065-D or by writing to:

Civil Rights Department

Health and Human Services

P.O. Box 149030

Austin, TX 78714-9030

Fair Hearing and Interest List Request Form for MDCP Age Out Denials

You can fill out the following two-page form or call the phone number on the top-right corner of Form H2065-D to ask for a fair hearing, to move up on or be added to the bottom of another 1915(c) waiver program interest list, or for all of these options. More information on these options, including important timelines, can be found in the attached notice.

If you use this form use the enclosed pre-addressed postage-paid envelope to mail back this form.

Member Information *

Last Name:	First Name:
Parent or Guardian Last Name:	Parent or Guardian First Name:
Medicaid ID:	Phone Number:
Address:	

Legally Authorized Representative (LAR) Information *

Last Name:	First Name:
Phone Number:	
Address:	

Request a Fair Hearing

☐ I want a fair hearing.

☐ I want my MDCP services to continue during the fair hearing process.

_____ _____

Signature – Member, Parent, Guardian or LAR Date

Request to Move Up On or Be Added to the Bottom of Another Interest List

☐ I want to **move up** on the following 1915(c) waiver program interest list(s):

__CLASS __HCS __TxHmL __DBMD

☐ I want to **be added to the bottom** of the following 1915(c) waiver program interest list(s):

__CLASS __HCS __TxHmL __DBMD

_____ _____

Signature – Member, Parent, Guardian or LAR Date

***You must fill in these boxes.**