This bulletin is being sent to the Office of Eligibility Services (OES) Regional Director for Medicaid for the Elderly and People with Disabilities (MEPD) and other regional staff. This information is to be shared with all those who determine eligibility for MEPD in Region 06. Please ensure copies are provided to staff that do not have access to e-mail. If you have any questions regarding the policy information in this bulletin, follow regional procedures. This bulletin will be available on the Family Services website at http://ofs.hhsc.state.tx.us/policy/LTCbulletins.aspx and as a part of the online Health and Human Services Commission (HHSC) Medicaid Eligibility Handbook (MEH) at http://www.dads.state.tx.us/handbooks/meh/res/policy/index.htm.

Background

Applicants and recipients aggrieved by any agency decision or policy have the right to request a fair hearing if dissatisfied with a decision regarding benefits or services. A request for a hearing is a clear expression, oral or written, by the client, or client representative that indicates the client wishes to appeal a decision. The freedom to make a request for a hearing must not be limited or interfered with in any way.

OES State Operations reviewed these procedures and determined that a reduction in workload may be realized with the formation of a centralized representation unit that represents HHSC-OES in fair hearings and implements hearings officers’ decisions. Additionally, the centralized representation unit will provide consistency in hearing representation, complete all case actions on fair hearing decisions, and provide hearing decisions to the regions. OES has been using this new process for Texas Integrated Eligibility Redesign System (TIERS) cases and is now ready to expand it in phases to System of Application, Verification, Eligibility, Referral and Reporting (SAVERR) cases. Region 06 is Phase 1, and OES plans to roll out to the rest of the state this year.
This bulletin does not repeat all the policies related to fair hearings but it explains changes in responsibilities for eligibility staff and changes in procedures related to those responsibilities.

**Current Procedures**

Local office staff process all fair hearing requests and complete all case actions required by eligibility staff to process requests for Fair Hearings, which include:

- Sending the Form H4800, Fair Hearing Request Summary, to the hearings officer within five days from the date the client requests a fair hearing;
- Sending the Form H4800-A, Fair Hearing Request Summary Addendum, and the evidence packet to the assigned hearings officer listed on Form H4803, to the appellant, and the appellant’s authorized representative or legal counsel.
- Attending the hearing to represent the Office of Eligibility Services; and
- Taking action to implement the hearings officer’s decision.

**New Procedures**

Under the new procedures, the eligibility staff responsibilities are now divided between the local office staff and the OES Centralized Representation Unit (CRU) staff.

**Local Office Staff Responsibilities**

If any client or applicant or their representative expresses dissatisfaction with a decision regarding benefits or services, the MEPD specialist takes the following action:

- Review the case to determine the accuracy of the case action
- Take action to correct any agency error that will result in an increase in benefits
- Clearly document any error discovered and action taken to correct the error
- Explain the basis for the decision and the applicable policies to the client
- Provide the client an opportunity to have a conference with the supervisor
- Provide the client an opportunity to request a fair hearing
- Within five calendar days after receiving the fair hearing request,
  - complete Form H4800, Fair Hearing Request Summary, and e-mail to the appropriate Hearing Division Mailbox as indicated on page five of the bulletin. Only one Form H4800 must be completed for each e-mail;
fax the completed SAVERR Office Evidence Packet Coversheet, a copy of the Form H4800, and the evidence packet to the centralized unit fax server at 1-888-507-5277; and

mail completed Form H4837, Fair Hearing Evidence Packet Cover letter, copy of Form H4800, and evidence packet to the appellant, and the appellant’s authorized representative or legal counsel.

- Consult with the supervisor if the client requests information the advisor considers confidential
- Continue benefits if the client meets the continued benefits criteria and does not waive his right to continued benefits in writing

How to Complete and E-mail Form H4800 to the Fair Hearing Division

To properly complete Form H4800, enter:
- “OES CRU” in the boxes designated for:
  - the Agency Representative’s name,
  - the Agency Representative’s Direct Dial Telephone Number, and
  - the Agency Representative’s Office.
- the name and phone number of the local office supervisor;
- the name, address and telephone number of additional witnesses/representatives (i.e., home health agency nurse) including third parties such as Department of Aging and Disability Services (DADS), or Regional Attorney, in item 11;
- the need for special accommodations or interpreter services if known or if requested; and
- OESFairHearings@hhsc.state.tx.us as the Agency Representative’s E-mail Address.

Form H4800 using Outlook to the Hearing Division Mailbox to the appropriate address for the correct region. Include only one Form H4800 for each e-mail. Use the following uniform e-mail subject line:

“Appellant’s first and last name, 4800, SAVERR, type program”

For example, “Subject: Jane Doe, 4800, SAVERR, QMB”

Withdrawal Requests

- Local office staff fax written withdrawal requests to the designated hearings officer
- If staff is unable to obtain a withdrawal request in writing, staff must notify the hearings officer via e-mail. If e-mail is not an option, staff must notify the hearing officer via fax or phone.

Centralized Representation Unit Responsibilities
Upon receipt of the faxed SAVERR Office Evidence Packet Coversheet, Form H4800, and evidence packet, an electronic file is created. Upon receipt of the faxed documents, the centralized representation unit staff takes the following action:

- Assign an agency representative for each hearing
- Attend the Fair Hearing as the HHSC – Office of Eligibility Services representative
- Present the agency’s case by explaining the action being appealed, the documents submitted and how the agency policy applies to the issue(s) on appeal
- Submit requests for case correction to the local office contact if the case has an identifiable error and the appellant either requested the hearing be rescheduled or the appellant did not appear for the hearing
- Submit requests for continued benefits to the local office contact if instructed to do so by the hearings officer
- Take timely action to implement the hearings officer's decision upon receipt of the Form H4807, Official Record of Fair Hearing, and
- Complete and report timely action on fair hearing decisions to the hearings officer

**Automation**

There are no automation changes to Generic Worksheet System (GWS), SAVERR, or TIERS.

**Effective Date**

These procedures are effective for OES Region 06 offices effective February 1, 2008.
Mailing/ Routing Information for Fair Hearing Requests

Centralized Representation Unit

Outlook Global address listing - OES Fair Hearings

E-mail address - OESFairHearings@hhsc.state.tx.us

Fax Server Number - 1-888-507-5277

Phone Number - (713) 671-8808

Physical Address - Centralized Representation Unit
10202 I-10 East
Houston, TX 77029

Mail Code - 173-6

Hearing Division Mailboxes for Electronic Forms H4800

Region 1  Reg01_Appeals@hhsc.state.tx.us
Region 2  Reg2/9Appeals@hhsc.state.tx.us
Region 3  Reg03Appeals@hhsc.state.tx.us
Region 4  Reg04_07Appeals@hhsc.state.tx.us
Region 5  Reg05Appeals@hhsc.state.tx.us
Region 6  Reg6appeals@hhsc.state.tx.us
Region 7  Reg04_07Appeals@hhsc.state.tx.us
Region 8  Reg8/11Appeals@hhsc.state.tx.us
Region 9  Reg2/9Appeals@hhsc.state.tx.us
Region 10 Reg10Appeals@hhsc.state.tx.us
Region 11 Reg8/11Appeals@hhsc.state.tx.us
SAVERR OFFICE
EVIDENCE PACKET COVERSHEET
FAX SERVER Telephone Number 1-888-507-5277

Only 1 Form H4800 or H4800-A per Coversheet!

Type of Form (check type of form being faxed): _____H4800 _____H4800-A

Local Office Name: ____________________________________________

Sender: _______________________________________________________

Direct Contact Number: _________________________________

Number of Pages faxed (including the coversheet): ____________

First name of appellant: _________________________________

Last name of appellant: _________________________________

Appeal Request Date: __________________________

Please enter information for all programs being appealed. Add additional lines if necessary.

Case Name: _________________________________________________

Case Number: ____________________________ Type Program: ____________

Case Number: ____________________________ Type Program: ____________

Case Number: ____________________________ Type Program: ____________

Case Number: ____________________________ Type Program: ____________

Case Number: ____________________________ Type Program: ____________