

THIS NOTICE IS ABOUT YOUR BENEFITS WITH THE DEPARTMENT OF ECONOMIC SECURITY AND YOUR FAIR HEARING REQUEST

IMPORTANT: We received your request for an appeal on _____ for _____ for the following program(s):

- AHCCCS Health Insurance
- Cash Assistance/Two-Parent Employment Program
- Nutrition Assistance
- Refugee Cash Assistance
- Tuberculosis Control

The Administrative Law Judge issued a decision on _____. Based on the decision, your benefits pending hearing will be stopped effective _____ for the following program(s):

- AHCCCS Health Insurance
- Cash Assistance/Two-Parent Employment Program
- Nutrition Assistance
- Refugee Resettlement Program
- Tuberculosis Control

In your request you asked us to continue your benefits while waiting for an appeal decision. However, we are not able to continue your benefits because:

Your benefits stopped because your approval period ended on _____ for the program(s) listed above.

You did not give us your request for an appeal within 10 days from the date on your decision, _____.

Your benefits are pending an interview being completed or additional information being received.

Medical Assistance is open for: _____ in the _____ category.

You did not respond to the notices sent to you regarding your mid approval review.

You received the maximum amount of benefits for:

The change in your benefits for the program(s) listed was due a change in the amount of your Social Security Benefits.

You were late or did not attend your hearing on _____ and the case was dismissed. Due to the dismissal your benefits will now be stopped effective _____ and will not be restarted based on this application. You may reapply at any time.

The Administrative Law Judge affirmed the Department’s decision made on _____. When the judgement results are in the Department’s favor, you may be subject to an overpayment if you were approved for benefits pending a hearing decision. *(Additional notices may be sent.)*

Your application received on _____ was a denial for benefits for the program(s) listed.

WHAT YOU CAN DO IF YOU NEED HELP OR HAVE QUESTIONS

Call us at (602) 774-9279. You can call us Monday to Friday, 8:00 a.m. to 5:00 p.m. The TTY/TDD number for the hearing impaired is 7-1-1.

LEGAL AUTHORITY

AHCCCS HEALTH INSURANCE:

- Maintaining services: 42 Code of Federal Regulations (CFR) section 431.230;
- Reinstatement of services: 42 CFR section 431.231; and
- Eligibility Appeals: Arizona Administrative Code (AAC) R9-22-1441

CASH ASSISTANCE/STATE PROGRAMS:

- Hearing: 45 CFR section 205.10 (a)(5)(7); and
- Stay of Adverse Action Pending Appeal-Exceptions: AAC R6-12-1004;
- Right of Appeals: AAC R6-13-921.

NUTRITION ASSISTANCE:

- Continuation of benefits: 7 CFR section 273.15(k).

You can find these laws at any of the following:

- At a public library;
- On the Internet at CFR: www.ecfr.gov/; AAC: www.azsos.gov/; and
- By asking for a copy at a DES Office.

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