

1 **6003-J ARIZONA LONG TERM CARE SERVICES STATE FAIR**
2 **HEARING PROCESS**

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4 REVISION DATE: ~~XX/XX/XXXX~~, 8/28/2019, 4/24/2019, 6/10/2016, 3/2/2015
5 REVIEW DATE: 2/22/2024, 11/2/2023
6 EFFECTIVE DATE: July 31, 1993
7 REFERENCES: A.R.S. § 41-1092.07
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10 **POLICY**

11 When a Notice of Appeal Resolution is rendered by the Division with which
12 the member or their ~~his/her~~ Responsible Person does not agree, they ~~he/she~~
13 may file a request for a fair hearing by the Office of Administrative Hearings.
14 The fair hearing request must be filed in writing and received by the Office of
15 Administrative Review (OAR) no later than ~~90~~ 120 Calendar Days from the
16 date of the Notice of Appeal Resolution. The request should be sent to:

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18 DES/DDD Office of Administrative Review

19 1789 West Jefferson Street

20 ~~4000 North Central Avenue 3rd Floor, Suite 301~~

21 Mail Drop 2HE5

22 Phoenix, Arizona ~~85007012~~

24 Once the hearing request is filed, OAR staff will prepare a duplicate file for
25 submission to the Arizona Health Care Cost Containment System (AHCCCS)
26 along with the hearing request. The OAR staff will submit the file to AHCCCS
27 within five (5) Business Days. This file will include the completed AHCCCS
28 Submission of Request for Hearing form, a cover letter, copy of the entire
29 file, copies of the Notice of Adverse Benefit Determination, request for fair
30 hearing, investigative materials, and the decision letter.

31 The hearing will be scheduled by AHCCCS and the member or ~~his/her~~
32 Responsible Person will be notified of the date and time of the hearing in
33 writing via a Notice of Hearing issued by AHCCCS. The member and/or
34 Responsible Person including any legal representative, an Assistant Attorney
35 General, and a Division representative will meet with an Administrative Law
36 Judge (ALJ). This hearing is informal, and the rules of evidence may not
37 apply.

38 Based on the information gathered by the ALJ through testimony,
39 presentation of evidence, and the record supplied by OAR and the appellant,
40 the ALJ will prepare written findings of fact and conclusions of law and
41 render a recommended decision to the AHCCCS Director, within 20 Calendar
42 Days after the conclusion of the hearing The AHCCCS Director will then issue

43 his/her decision in writing, within 30 Calendar Days from the ALJ
44 recommendation and notify any party adversely affected of the right to
45 request a rehearing or review. If it is decided that a review will not be
46 petitioned, the OAR will arrange with the appropriate Division staff and/or
47 contracted health plan staff to authorize and provide the service as
48 expeditiously as possible.

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50 A petition for rehearing or review, if requested, must be made to the
51 AHCCCS Office of Administrative Legal Services no later than 30 Calendar
52 Days after the date of the AHCCCS Director's decision. The petition must
53 completely explain the grounds on which the rehearing is being made.

54 Petitions for rehearing/review are to be sent to:

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56 AHCCCS Office of Administrative Legal Services 801 East Jefferson Street
57 Phoenix, Arizona 85034

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59 The rehearing will be decided by the AHCCCS Director or designee and a
60 final written decision of the matter will be issued.

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62 If the member or their ~~his/her~~ Responsible Person is still not satisfied with
63 the decision, they~~he/she~~ may seek judicial review of the AHCCCS decision
64 through the court system. All administrative remedies must be exhausted
65 before the court will consider the case.

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Draft Policy for Public Comment