

3. A reference to, or copy of, the agency's decision and the date on which you received it.

If you are a competent adult, you must sign the hearing request form (unless it is filed by an attorney you have hired to represent you) or you must submit a signed document indicating that you are authorizing another person to file it on your behalf. If you are not a competent adult, the person filing the hearing request for you must have the legal authority to act on your behalf, such as a legal guardian, parent of a minor, or power of attorney, and must submit a copy of the paperwork that gives them that authority.

You may obtain assistance with your hearing request by contacting your local APD area office.

When the agency determines that the hearing request was filed on time and is complete, it will be forwarded to DCF's Office of Appeal Hearings. Once the office receives your hearing request, it will assign your case to one of its hearing officers. You will then be notified and provided with information explaining how the hearing will be conducted.

In accordance with the Americans with Disabilities Act, persons needing special accommodations to participate in the proceedings should contact the hearing officer assigned by the Office of Appeal Hearings no later than seven days prior to the hearing.



Agency for Persons with Disabilities
4030 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950
1-866-APD-CARES (1-866-273-2273)
(850) 488-4257
apdcares.org

OCTOBER 2010

Guide to Administrative Hearings on Medicaid Programs



agency for persons with disabilities
State of Florida

The Florida Agency for Persons with Disabilities (APD) offers two types of administrative hearings to individuals substantially affected by actions of the agency. If APD seeks to deny, reduce, terminate, or suspend Medicaid Waiver services, then the hearings are conducted by the Office of Appeal Hearings, Department of Children and Families (DCF). If APD seeks to take action that is unrelated to the Medicaid Program, then the hearings are conducted by either the Division of Administrative Hearings or an Agency Hearing Officer. The purpose of these hearings is to provide an opportunity for an impartial, objective review of actions APD proposes to take in the programs it administers.

This brochure discusses your administrative hearing rights related to the Medicaid Waiver program.

According to federal Medicaid regulations (42 CFR s. 431.200 et seq.), at the time the individual applies for Medicaid and at the time of any action affecting his or her claim, the agency is required to inform every applicant or recipient in writing of the following:

1. If you disagree with the agency's decision, you have the right to request a hearing.

2. You may request a hearing by filing a written request with the agency no later than 30 days after you receive written notice of the agency's intended action. A hearing request is considered filed when it is actually received by the agency, not when it is put in the mail. A hearing request received after 5 p.m., or on a day that the agency is not open for business, is considered filed at 8 a.m. on the next day the agency is open for business. A hearing request that is sent by fax is considered filed when it is received, not when it is sent, subject to the same time limits discussed above.



3. At the hearing, you are permitted to represent yourself, use legal counsel, or use a relative, friend, or other representative to present your case.

If APD has notified you that it intends to reduce, terminate, or suspend Medicaid Waiver services that you are already receiving and you file your hearing request within 10 days of your receipt of the agency's notice, you will continue to receive services at the prior level until a decision is rendered after the hearing.

To assist you in filing your hearing request, the agency has drafted a Hearing Request form which is normally included with the Agency Notice. While you are not required to use this form, according to Florida law, your request must be in writing and it must contain the following information:

1. The name, address, and telephone number of the person for whom the hearing is being requested, as well as the name, address, and telephone number of the person's counsel or representative designated to receive pleadings and other official papers.
2. A statement that you are requesting an administrative hearing and dispute the facts alleged by the agency, in which case the facts in dispute must be identified; or that you are requesting a hearing but do not dispute the facts underlying the agency's decision.