

A Fair Hearings - Request Requirements

REVISION 07
(01/01/09 – 03/31/09)

A hearing may be requested for any eligibility decision that includes, but is not limited to, the following:

- An application is denied or is not acted on in a timely manner.
- A request for supplemental, restored, or replacement benefits is denied or is not acted on in a timely manner.
- Benefits have been reduced or stopped.
- An overpayment determination or amount of an overpayment is disputed.
- A determination has not been made.

CA EXCEPTION

In addition to the previously listed items, CA participants may also request a hearing for either of the following reasons:

- A [CA Payee](#) determination must be made or continued.
- The disability determination for CA is being disputed. (See [Arranging Medical Exams](#) for procedures)
- A request for a [LIBL hardship extension](#) is denied or is not acted on in a timely manner.

MA EXCEPTION

[AHCCCS\(g\)](#) is responsible for hearing requests related to payment of medical bills. FAA is responsible for hearing requests related to the eligibility determination.

When an appeal is filed for an eligibility determination that was completed at an [FAA MA Only](#) local office, process the appeal at the local office that serves the residential address of the appellant.

A fair hearing may be requested verbally or in writing.

Any of the following methods may be used to request a hearing in writing:

- Hearing Request (FA-100) form.
- Reverse side of decision notice.
- Written statement from the appellant or representative.

NOTE The request must include the reason for requesting a hearing.

- Attorneys representing the hospital that is acting as a representative for a hospitalized participant who resides in Maricopa county or Apache Junction. The attorneys may file an appeal through the region fair hearing specialist.

When the appellant or representative requests a hearing verbally, complete the FA-100 form.

When completing the FA-100, indicate the following:

- Reason for requesting a hearing.
- Date of the verbal request.
- Write VERBALLY REQUESTED in place of the signature.