

A Appeal – Request Requirements

REVISION 49

(01/01/21 - 12/31/21)

A participant, representative, or responsible adult in the BU has a right to request a formal appeal when they disagree with a decision or action taken by FAA. They have a right to ask for a legal review of their case that may or may not affect the participation of the BU. This review is called an appeal hearing.

An appeal hearing may be conducted for any eligibility decision that includes, but is not limited to, the following:

- An application is denied.
- An application is not acted on promptly.
- A request for supplemental or replacement benefits is denied or is not acted on promptly.
- Benefits have been reduced or stopped.
- An overpayment determination or amount of an overpayment is disputed.
- A change is not acted on.
- An [EBT Account Adjustment](#).

WARNING

When the [appellant\(g\)](#) receives a notice of discontinuance and submits an appeal before the effective date of closure, they are eligible for continued benefits.

When the Administrative Law Judge remands the issue back to the FAA office for a new determination, the appellant has the option to file an appeal on the new decision. When the appellant files an appeal on the new decision, the appellant is entitled to request continued benefits under the new timeframe.

Any of the following may be used to request an appeal hearing:

- Hearing form in Health-e-Arizona PLUS (HEAplus).
- Hearing Request form (FAA-0098A).
- Hearing form printed on the reverse side of any decision notice.
- Written statement from the appellant or representative.
- Verbally

When a verbal appeal request is received, complete the Verbal Hearing Request (FAA-0098B) form, documenting the following information:

- Program(s) the appellant is appealing.
- Reason for requesting an appeal hearing.
- Notice(s) date they are appealing.
- Date of the verbal request.
- A brief explanation of why the appellant is requesting an appeal.
- Whether the appellant is requesting or declining to continue benefits.

NOTE When none of the options for continued benefits are selected, benefits may continue automatically. The appellant may be required to pay back any benefits for which they are not eligible.

When HEAplus is unavailable, fax the hearing request form to all of the following within two [workdays\(g\)](#):

- [Appeals Processing Unit \(APU\)](#)
- [Appellate Services Administration-Office of Appeals](#)
- Via email to [FAA EBT Support](#), when applicable

CA EXCEPTION

When the request is regarding a Tribal TANF determination, forward the request directly to the appropriate [Tribal TANF Program](#). Do not refer the appeal request to the APU.